Child Poverty in the Atlantic Region: A Discussion Paper

Prepared for
Health Canada

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Introduction

In November 1997, Health Canada commissioned an overview of the realities of child poverty in each of the four Atlantic provinces and in the region as a whole. It includes:

1. *A Profile of Child Poverty in Atlantic Canada* which, using published statistics and reports, offers an assessment of the emerging and most serious child poverty issues in the four Atlantic provinces.
2. *An Environmental Scan of Child Poverty Initiatives and Programs in Atlantic Canada* which catalogs information on initiatives, programs, policies and key contacts. Information gathered during this Scan has been compiled into a data base which Health Canada will be able to build on and use as a source of information and expertise for future projects.

This Report combines information from both the profile and the Scan and is intended to provide a basis for discussion at "Working Together to Address Child Poverty in Atlantic Canada," a Think Tank organized by the Health Promotion and Programs Branch for March 1998. The goal of the Think Tank is to set priorities for addressing the issues of child poverty for the Childhood and Adolescent Life Stage of the Population Health Fund.

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PART 1: A PROFILE OF CHILD POVERTY IN THE ATLANTIC REGION

Context

As the concepts of population health have become better understood, increasing attention has been directed toward clarifying the effects of the various determinants of health on specific population groups. The effects of income and social status -- specifically, of poverty -- on the health of the population in general, and of children in particular, has drawn extensive comment.

Over the last few years, several national reports have commented on the urgency with which child poverty needs to be addressed.

"A Cross-Country Consultation on a National Vision and Goals for Child and Youth Health in Canada: Summary Report," was produced in 1995 for the Family and Child Health Unit, Health Canada by the Canadian Public Health Association, Child Health Program Working Group. The report summarizes the input of over 500 Canadians who participated in a consultation on a proposed vision and goals for child and youth health. These participants consistently identified two common themes:

- **There is a need to emphasize the importance of equity and the pervasive impact of poverty on all aspects of children's health.**

"Participants across the country agreed that poverty is not just a lack of money. Poverty, unemployment and economic insecurity threatens the social, emotional and spiritual health of families and communities and denies equal life chances to children. Poverty is related to education, literacy, the physical environment, status and discrimination." (page 10)

- **The health and well-being of children cannot be separated from that of their parents and family.**

"Families are the immediate context for children and youth; therefore, it is important to include the family in any discussion on child and youth health...Families take on many different structures and functions. This diversity needs to be recognized without stigmatizing any group...Regardless of their make-up, families are under increased pressure." (page 11)

The National Forum on Health has released several reports which discussed aspects of the impact of poverty on child health. "What Determines Health?" (1996) called for the elimination of

child poverty and the initiation of efforts to foster social support in communities in order to protect and nurture healthy child and youth development . "Advancing the Dialogue on Health and Health Care: A Consultation Document" (1996) emphasized the importance for our future of investing in children now. "Canada Health Action: Building on the Legacy -- Final Report of National Forum on Health" (Vol. 1, 1997), recommended a broad, integrated child and family strategy consisting of both programs and income support and called for collaboration among federal government, private sector and existing foundations to strengthen community action.

"Turning Points: Canadians from Coast to Coast set a new course for healthy child and youth development"(1997) defined Canada's National Goals for Healthy Child and Youth Development.
A reduction of child and family poverty is one of eight goals considered essential to the overall mission: "To safeguard and improve the health and well-being of all children and youth in Canada."

"Turning Points" eloquently described the impact of family and community poverty on children:

"The impact of poverty is pervasive. Health problems associated with poverty are well-known. They include a greater likelihood of low birth weight, inadequate nutrition, infant and childhood death, long-term disability and injury, psychiatric disorders, and poor school performance. The influence of poverty on family life goes beyond the lack of money for good housing or a varied and sufficient diet. The hardship of poverty increases family stress, and reduces the ability of families to cope, which in turn threatens the emotional health of children...Where a community or a neighbourhood is struggling with poverty, the healthy development of its children and youth are at risk -- from inadequate housing or recreation and loss of hope." (page 13)

However, despite this stated awareness of the issue of child poverty, little improvement can be seen across Canada. In November, Campaign 2000 released its "Child Poverty in Canada Report Card 1997." This points out that, since 1989, when the House of Commons unanimously passed a resolution stating their intention to "seek to achieve the goal of eliminating child poverty by the year 2000," the situation has worsened considerably. The Report Card states that since 1989:

- The number of poor children: • increased by 58%
- The number of children in families experiencing long-term unemployment: • increased by 47%
- The number of children in working poor families: • increased by 43%
- The number of children in families needing social assistance: • increased by 68%
- The number of children living in unaffordable rental housing: • increased by 48%
- The number of poor children in two-parent families: • increased by 57%
- The number of poor children in lone-parent families: • increased by 64%
- The number of children living in families with incomes of less than $20,000: • increased by 45%

(Campaign 2000, Report Card 1997, p. 2)

"The Health of Canada's Children: A CICH Profile" described the situation clearly and bluntly:[1]

- The problem of child poverty in Canada is staggering.
- The poor are really poor.
- The problem is getting worse.
- Poor children do not share the same level of health as children who are not poor.

In calling for the elimination of child poverty by the year 2000, the Canadian Institute of Child Health states:

"We are all responsible for our children. The future of Canada lies with our children. We must act now to address child poverty if we hope to make any impact on the health of our children. Children and their parents need a combination of economic and social support at each stage of the life cycle. A strategy to support families with children must include an integrated and coherent set of policies and programs in three areas: employment; social security; and community support." (pages 128-129)

The federal government, working with the provinces, has undertaken to address these issues through the National Child Benefit and the National Children's Agenda.

On January 10, 1997, Minister of Finance Paul Martin said, "I believe child poverty is the great social policy challenge of this generation." Unless serious efforts are made to acknowledge and reverse these trends at all levels -- federal.provincial and community -- child poverty will continue to worsen and will become an even greater challenge for the next generation.

Notes on Statistical Information

Within the overall context of increasing recognition of the impact of child poverty as a determinant of health, several studies have tried to address the extent and depth of child poverty in Canada, and in doing so, have provided some specific data for the Atlantic provinces. There are several points to keep in mind when examining this statistical information.

1. There is some dispute about the validity of using "Low Income Cut-Offs" as a poverty line.

Much of the information presented in the tables in this section is based on Statistics Canada's Low Income Cut-Offs -- for example, tables derived from the National Council of Welfare's "Poverty Profiles." The National Council of Welfare describes the low income cut-offs in this way:

"Every year Statistics Canada conducts a household survey known as the Survey of Consumer Finances to obtain information on the distribution of income and the nature and extent of poverty in Canada...Information about poverty is obtained by comparing the survey data with the low income cut-offs of Statistics Canada. The cut-offs represent levels of gross income where people spend disproportionate amounts of money on food, shelter and clothing...20 percentage points [has been determined to be] a reasonable measure of additional burden. The average

[1] "The Health of Canada's Children: A CICH Profile", Canadian Institute of Child Health, Ottawa, 2nd Edition, 1994, pages 127 - 129.

Canadian family spends 36.2 percent of gross income on food, shelter and clothing according to the 1986 data on spending patterns, so it was assumed that low-income Canadians spent 56.2 percent or more on the necessities of life." (Poverty Profile 1995, page 4)

Although Statistics Canada does not consider the low income cut-offs to have official status and does not promote their use as poverty lines many social policy groups continue to use them because they have found that *"...the cut-offs are a useful tool for defining and analyzing the significantly large portion of the Canadian population with low incomes. They are not the only measures of poverty used in Canada, but they are the most widely accepted and are roughly comparable to most alternative measures."* (Poverty Profile 1995, page 5-6)

Contacts in all four Atlantic provinces have indicated that the provincial governments use the Low Income Cut-Offs, in conjunction with other measures, as a basis for assessing levels of poverty.

2. Statistics can be confusing and sometimes misleading.

In an effort to present a "snapshot" of poverty in the Atlantic region, we tried to find ways of looking at the issue from different perspectives -- How many children are poor? How deep is their poverty?[2] What kinds of families do they live in? However, not all information is available for all provinces, and the various published statistical compendiums do not all cover the same age groups. For example, several tables have been derived from the National Longitudinal Study of Child Health, which offered interesting information, but which covered only children from birth to age 11. In Tables 7A to 7D, the small population base resulted in some gaps in information on labour force participation for all provinces.

Each table offers one piece of a jigsaw puzzle. Each piece offers only a tiny part of the overall picture. Taken together they can help to build an overview of child poverty in the Atlantic region, but there will be many missing pieces that may make it difficult to see and understand the whole picture.

3. Statistics are limited in what they can show.

Statistics offer averages and overviews. They don't tell individual stories and they don't reflect individual realities. Even if we had access to every imaginable piece of statistical data -- and within the limitations of this Profile, that was not possible -- they could not tell the whole story of child poverty. We've done our best to present accurately and interpret fairly all of the material we were able to find, but we acknowledge that the picture is incomplete.

We also acknowledge that not all of the data compiled for this report is equally valid. In some cases, the numbers in a specific category on a table were too small to be considered statistically accurrate. This is a particular concern with regard to figures for Prince Edward Island. On each table, we have noted any figures of questionable validity.

Because the timeframe and budget for this project did not allow for custom tables or new

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[2] As it is used in this Report, the term "depth of poverty" refers to how far an individual or family income falls below the Low Income Cut-Off. **The Canadian Fact Book on Poverty - 1994** defines depth of poverty as a way of answering the question, "How poor are the poor?' (page 31)

analyses of data, all information used in the Profile has been derived from published reports and information provided by provincial government contacts. Additional information on the background and methodology used in developing the profile is included as Attachment 1.

Emerging Issues

1. Between 1990 and 1995, child poverty increased in all Atlantic provinces.

Some indication of the extent of child poverty in the Atlantic region can be found in data from the National Council of Welfare's "Poverty Profiles." Table 1, compiled from Poverty Profiles published in 1992, 1995 and 1997, shows the numbers of children living in poverty in each Atlantic province. It also shows the poverty rate, which compares the number of poor persons, families or unattached individuals in a particular category to all persons, families or unattached individuals in the same category, and the change in the poverty rate over the years 1990 to 1995.

This table shows two things very clearly: child poverty is widespread in the Atlantic region and over the five years between 1990 and 1995, it has been getting worse.

This Table also shows how much more prevalent poverty level incomes are among single-mother families than among two-parent families. For example, in 1995, in Newfoundland, 19.9% of children living in two-parent families had incomes below the poverty line. The poverty rate for children of single parent mothers was 77.5%. The same kind of disparity is also evident in other provinces: in PEI, the poverty rate in two-parent families was 8.6%, for single mother families, 60.0%; in Nova Scotia, the two-parent family poverty rate was 11.7%, while the single mother family rate was 73.6%; and in New Brunswick, two-parent families had a poverty rate of 14.7% and single mother families had a rate of 75.2%.

TABLE 1: Children Under 18 Living in Poverty Atlantic Provinces

	Poor Children in All Family Types		Poor Children of Two-Parent Families Under 65		Poor Children of Single-Parent Mothers under 65	
	Poverty Rate	Number of children	Poverty Rate	Number of children	Poverty Rate	Number of children
Newfoundland						
1990	19.6%	32,000	14.9%	21,000	75.6%	9,000
1993	20.7%	32,000	16.3%	22,000	67.8%	8,000
1995	26.0%	36,000	19.9%	24,000	77.5%	11,000
% change 1990-93	+1.1%		+1.4%		-7.8%	
% change 1993-95	+5.3%		+3.6%		+9.7%	
% change 1990-95	+6.4%		+5.0%		+1.9%	
Prince Edward Island						
1990	13.7%	5,000	8.4%	3,000	55.2%	2,000
1993	9.7%	3,000	6.1%	2,000	35.4%	1,000
1995	14.2%	5,000	8.6%	3,000	60.0%	2.000
% change 1990-93	-4.0%		-2.3%		-19.8%	
% change 1993-95	+4.5%		+2.5%		+24.6%	
% change 1990-95	+0.5%		+0.2%		+4.8%	
Nova Scotia						
1990	16.5%	35,000	8.0%	14,000	63.5%	18,000
1993	22.1%	48,000	12.1%	22,000	73.7%	25,000
1995	21.6%	47,000	11.7%	21,000	73.6%	25,000
% change 1990-93	+5.8		+4.1		+10.2	
% change 1993-95	-0.5		-0.4		-0.1	
% change 1990-95	+5.1		+3.7		+10.1	
New Brunswick						
1990	17.1%	31,000	9.3%	14,000	69.4%	14,000
1993	17.5%	31,000	10.0%	15,000	76.6%	15,000
1995	23.9%	42,000	14.7%	21,000	75.2%	18,000
% change 1990-93	+0.4%		+0.7%		+7.2%	
% change 1993-95	+6.4%		+4.7%		-1.4%	
% change 1990-95	+6.8%		+5.4%		+5.8%	
Canada						
1990	16.9%	1,105,000	10.6%	591,000	64.1%	441,000
1993	20.8%	1,415.000	13.4%	752,000	63.8%	595,000
1995	20.5%	1,441,000	13.5%	785,000	62.2%	575,000
% change 1990-93	+3.9%		+2.8%		-0.3%	
% change 1993-95	-0.3%		+0.1%		-1.6%	
% change 1990-95	+3.6%		+2.9%		-1.9%	

Sources: Compiled using data from The National Council of Welfare Poverty Profile 1980 -

1990 (Autumn 1992); Poverty Profile 1993 (Spring 1995); Poverty Profile 1995 (Spring 1997).

2. *Children in families headed by a female lone parent are more likely to be poor and this tendency is increasing in the Atlantic region.*

A much higher proportion of female lone parent families fall below the poverty line, and as shown in Table 2, this proportion has increased dramatically in the Atlantic provinces in the years since 1980. For example, in 1980, 58.0% of female lone-parent families in Atlantic Canada fell below the low income cut-offs. By 1995, this had increased to 74.0%. During this same time span, for Canada as a whole, the numbers remained fairly stable: in 1980, 58.9% of female lone-parent families were below the poverty line and in 1995, this had increased only slightly to 61.9%.

This change over time is even more dramatic when compared with poverty rates for two-parent families during the same time span. In 1980 17.2 % of two-parent families in the Atlantic Region had incomes below the poverty line. For Canada, the 1980 figure was 11.0%. In 1995, 14.7% of two parent families in Atlantic Canada had incomes below the poverty line -- a decrease of 2.5% from 1980. For Canada, the 1995 figure was 14.1% -- an increase of 3.1%.

However, when examined more closely, the picture for two-parent families is less rosy in the short term. Although there has been a long-term decline, since 1990 the rate of children living in poverty in two-parent families has increased for the Atlantic Region as a whole and for all provinces individually.

Income and Social Status, as a determinant of health, addresses both the level of income and the distribution of income across the population -- that is, the size of distance between those with the highest incomes and those with the lowest. The underlying premise of this determinant is that healthiest societies are those which enjoy both prosperity and an equitable distribution of wealth. (Conceptual Framework Subgroup on Population Health, 1996).

The issue of the increasing level of poverty among female-lone parent families is compounded by their increasing numbers. In 1984, lone-parent families whose head was age 44 or less, made up 6.7% of all non-elderly families in Canada. In 1993, this same group made up 8.9% of families (Zyblock and Tyrell, 1997). During this same period of time, the inequality in the incomes of families has increased and *"the largest net contributors to the increase in inequality from 1984 to 1993 were lone-parent families with a head under age 45...These lone-parent families contributed 62% of the total increase in family market income inequality from 1984 to 1993"* (Zyblock and Tyrell, 1997, page 116).

TABLE 2: Percentage of children under 18 living in low-income families, Atlantic Provinces, 1980 - 1995*

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
Atlantic Provinces																
•All Families	21.1	21.1	24.3	26.2	24.8	22.5	20.5	20.6	17.6	17.7	18.3	19.9	19.9	20.6	20.1	23.1
•Two-Parent Families	17.2	16.6	19.5	21.7	19.3	17.5	15.4	14.5	11.5	11.3	10.8	13.1	12.4	12.9	12.7	14.7
•Female Lone-Parent Families	58.0	74.0	71.2	69.0	74.2	70.1	68.4	70.6	66.2	65.7	68.0	66.3	69.3	71.3	65.1	74.0
Newfoundland																
•All Families	28.9	21.6	25.7	31.2	28.8	28.6	25.7	25.4	21.0	19.8	20.8	20.6	26.8	21.8	23.4	26.2
•Two-Parent Families	26.0	19.0	22.4	27.9	26.0	25.4	22.3	20.9	16.1	14.9	15.4	16.1	20.3	16.8	18.1	20.1
•Female Lone-Parent Families	60.8	71.5	77.1	80.8	63.9	72.2	67.9	77.2	68.9	66.5	75.3	71.6	74.3	66.1	67.6	77.5
Prince Edward Island																
•All Families	14.3	22.7	20.1	15.1	17.7	14.8	14.1	15.1	13.2	12.7	14.0	15.6	12.7	11.4	13.3	14.2
•Two-Parent Families	10.4	20.5	16.0	13.4	14.4	12.0	11.6	11.1	8.9	9.0	8.7	10.8	8.4	7.1	6.0	8.8
•Female Lone-Parent Families	44.4	58.7	58.3	68.1	56.7	57.5	48.5	60.0	49.5	52.5	55.1	51.9	40.7	43.7	60.2	58.5
Nova Scotia																
•All Families	15.9	18.0	22.1	22.8	20.6	19.9	18.4	17.6	14.9	16.6	16.8	20.6	19.4	23.4	20.5	21.5
•Two-Parent Families	10.8	12.5	16.5	16.8	13.9	14.5	11.6	11.3	8.9	9.6	8.9	12.5	10.2	13.4	11.5	11.5
•Female Lone-Parent Families	57.9	72.8	67.9	62.8	74.5	67.7	66.8	62.3	62.1	62.6	66.6	66.9	69.9	74.3	66.6	73.6
New Brunswick																
•All Families	20.3	23.9	26.2	27.3	27.0	21.2	19.2	20.7	18.5	18.0	18.6	19.2	15.9	18.0	18.3	21.4
•Two-Parent Families	16.4	18.0	20.4	22.6	19.6	14.3	13.9	12.7	10.8	10.4	10.2	11.3	9.0	10.1	10.8	15.4
•Female Lone-Parent Families	59.1	78.1	73.6	70.1	80.5	72.8	73.7	76.6	70.6	70.2	67.6	65.6	69.7	74.3	62.2	74.8
Canada																
•All Families	15.8	16.4	19.1	19.8	21.0	19.5	17.6	17.7	16.1	15.3	17.8	18.9	19.2	21.3	19.5	21.0
•Two-Parent Families	11.0	11	13.7	14.4	14.9	13.5	12.4	11.8	10.2	9.7	11.1	12.1	11.9	13.5	12.7	14.1
•Female Lone-Parent Families	58.9	58.2	64.2	64.8	66.6	65.9	61.1	63.3	59.4	57.5	62.9	64.2	60.0	63.3	59.9	61.9

Source: Statistics Canada, Low Income Persons 1980-1995 (Low Income Cut-Offs 1992 Base), Survey of Consumer Finances, December 1996.

*Estimates based on Low Income Cut-offs, 1992 base

3. High percentages of children in the Atlantic provinces are living in poverty and there is considerable depth to this poverty, both for children living in families dependent on Social Assistance and for those living in families depending on low or minimum wage jobs.

Table 3 uses data from the Poverty Profile 1995 to give some indication of the depth of child poverty in the Atlantic region -- that is, how far below the Low Income Cut-Offs their family income falls. This table looks at how far below the poverty line families living on Social Assistance will fall, by examining both the actual number of dollars and the percentage of poverty line income that Social Assistance provides.

TABLE 3: Depth of Poverty for Families with Children Living on Social Assistance in the Atlantic Region 1995

	Atlantic Region		Canada	
	Income as Percentage of Poverty Line	Dollars Below Poverty Line	Income as Percentage of Poverty Line	Dollars Below Poverty Line
Single Parent Mothers under 65 with children under age 18	61.7%	$7,861	62.4%	$8,851
Couples under 65 with children under 18	68.3%	$7,628	67.1%	$8,564

Source: The National Council of Welfare : Poverty Profile 1995 (Spring 1997), information from pages 51, 52 and Appendix B.

Table 3 shows the significant gap between the level of income Social Assistance provides and the low income cut-offs in both the Atlantic region and Canada as a whole in 1995. And, even though a greater percentage of single mother families are poor, this table shows that the depth of poverty for both single-parent and two-parent families on social assistance is quite similar, and quite deep.

Information on the percentage of poverty line income covered by Social Assistance in each Atlantic province is also offered in "The Health of Canada's Children: A CICH Profile." (2nd Edition, Canadian Institute of Child Health, Ottawa, 1994) . This report points out that "Social Assistance provides income that falls well below the poverty line" (page 120). Table 4 considers the low income cut-off as 100% and shows the percentage of that amount covered by the amount of Social Assistance provided to a single mother with one child, using figures from 1992.

TABLE 4: Social Assistance For Single Mothers with One Child as a Percentage of the Poverty Line in Atlantic Provinces, 1992

	Percentage of Poverty-Line Income Covered by Social Assistance
Newfoundland	71%
Prince Edward Island	71%
Nova Scotia	67%
New Brunswick	55%
Canadian Average	65%

Source: "The Health of Canada's Children: A CICH Profile." (2nd Edition, Canadian Institute of Child Health, Ottawa, 1994, page 120) .

Although Table 4 shows that for the most part, social assistance for single mothers in the Atlantic provinces comes a bit closer to the poverty live than the Canadian average, it is still significantly below this cut-off.

"Growing Up in Canada: National Longitudinal Survey of Children and Youth" (Human Resources Development Canada and Statistics Canada, November 1996), offers more detail on the poverty status of children in the Atlantic region, although this study examined only children from birth to age 11. Table 5 uses data from this study to show the source of family income for children in each Atlantic province. Although the small sample sizes make this information somewhat unreliable, the table has been included to offer a base from which to note whether any future tendency emerges for the "other" category -- which includes income sources such as Employment Insurance, pensions, Worker's Compensation, child tax benefits, Garrranteed Income Supplement, and other government assistance, and which is higher in the Atlantic provinces than the Canadian average -- to shift towards the Social Assistance category.

TABLE 5: Distribution of children aged 0 to 11 years by main source of household income by province, 1994-1995

	Percentage of Children by Main Source of Income in Household:		
	Wages and Salaries	Social Assistance	Other
Newfoundland	67.7%	13.9%[1]	18.4%[1]
Prince Edward Island	87.6%	6.7%[2]	5.7%[2]
Nova Scotia	80.8%	12.8%	6.4%[1]
New Brunswick	84.5%	8.5%[1]	6.9%[1]
Canada	85.4%	10.1%	4.5%

Source: "Growing Up in Canada: National Longitudinal Survey of Children and Youth." Human Resources Development Canada and Statistics Canada, November 1996, page 35.
1: Estimate less reliable due to high sampling variability.
2: Estimate does not meet Statistics Canada's quality standards. Conclusions based on these data will be unreliable and most likely invalid.

Table 5 indicates that in two Atlantic provinces, fewer children under age 11 are living on social

assistance than the national average. However, it is not only children living in families that rely on Social Assistance who live below the poverty line. Health Canada's "Source Document for the Diagnostic of Children and Childhood in Canada" (Childhood and Youth Division, February 20, 1997 / Draft) notes that:

"For all family categories in Canada, income has declined from 1989 levels...Families now require two incomes to make ends meet...[and] minimum wage work cannot provide sufficient income to support a family." (page 9)

"In 1976, a lone parent with one child had to work 41 hours per week at minimum wage to bring his or her family up to the low income cut-off line. In 1993, it took 73 hours per week to bring the same family up to the low income cut-off line." (page 9)

Table 6 shows the income levels of adults in the four Atlantic provinces, the Atlantic Region as a whole, and Canada. The Table also shows the income breakdown for males and females, which seems to indicate that, to some degree, the level of poverty for single mothers is a reflection and intensification of the generally lower incomes of women. That is, when a woman is the sole source of income for her family, her income is almost inevitably lower than that of a man who is the sole earner for a two-parent family.

In the Atlantic Region, 28.1% of adults have incomes less than $20,000. Among males, 20.0% are below $20,000 -- for females the rate is 39.6%. The average income in the Atlantic Region is $32,090. For males the average income is $36,902 -- for females, $25,395.

TABLE 6: Income Levels of Adult Canadians (percentage)

	Under $5,000	$5,000 -9,999	$10,000-19,999	$20,000-39,999	$40,000 and over	Average Income
Newfoundland	Total: 1.3% M: 1.5% F: 1.1%	Total: 4.8% M: 2.7% F: 7.4%	Total: 18.1% M: 11.0% F: 27.0%	Total: 49.0% M: 46.6% F: 52.0%	Total: 26.8% M: 38.3% F: 12.5%	Total: $33,538 M: $39,300 F: $26,384
Prince Edward Island	Total: 2.6% M: 2.3% F: 3.2%	Total: 6.9% M: 5.2% F: 9.3%	Total: 21.8% M: 18.9% F: 25.8%	Total: 48.6% M: 47.2% F: 50.4%	Total: 20.1% M: 26.3% F: 11.3%	Total: $28,292 M: $31,186 F: $24,111
Nova Scotia	Total: 3.8% M: 3.3% F: 4.5%	Total: 4.6% M: 2.9% F: 7.1%	Total: 19.8% M: 14.7% F: 27.2%	Total: 44.4% M: 45.5% F: 42.5%	Total: 27.3% M: 33.6% F: 18.6%	Total: $31,771 M: $35,981 F: $25,723
New Brunswick	Total: 1.7% M : 1.4% F: 2.1%	Total: 5.5% M: 3.7% F: 8.0%	Total: 22.5% M: 15.1% F: 33.2%	Total: 42.7% M: 41.6% F: 44.6%	Total: 27.5% M: 38.1% F: 12.1%	Total: $32,285 M: $37,692 F: $24,605
Atlantic Region	Total: 2.5% M: 2.3% F: 2.9%	Total: 5.1% M: 3.3% F: 7.6%	Total: 20.5% M: 14.4% F: 29.1%	Total: 45.0% M: 44.4% F: 45.6%	Total: 26.9% M: 35.7% F: 14.7%	Total: $32,090 M: $36,902 F: $25,395
Canada	Total: 2.1% M: 2.2% F: 2.0%	Total: 3.7% M: 2.7% F: 2.0%	Total: 15.4% M: 12.1% F: 20.3%	Total: 44.2% M: 39.6% F: 51.3%	Total: 34.6% M: 43.5% F:21.3%	Total: $36,235 M: $40,610 F: $29,700

Source: Statistics Canada, Household Surveys Division, Earnings of Men and Women 1995, January 1997, Table 2, p 34.

However, these figures illustrate individual incomes, not necessarily family incomes. The figures don't reveal the presence of children or indicate how many people an individual income supports.

Tables 7A, B, C and D, look at participation in the labour force in relation to family composition for each of the four Atlantic provinces. The Tables show data for all families, husband/wife families and families with no husband present. It breaks families into four categories: total; with children under 16; with pre-school children; and without pre-school children but with at least one child age 6 to 15 years.

Due to small sample sizes, these Tables do not show figures for female-led families in all provinces. However, where figures are shown, the rate of participation in the labour force by families with no husband present is lower than that of husband/wife families. Reversing this, the percentage of families with no husband present who are not in the labour force -- that is, they are no longer looking for work -- is consistently higher.

Even when these families are looking for work, they are less likely to find it. In the one province for which figures are shown on these tables -- Nova Scotia -- the unemployment rate for families with no husband present was 21.7%, compared to a 11.5% for all families and 10.1% for husband/wife families.

TABLE 7A: Labour Force Status and Family Composition, 1996 : Number and Percentage
NEWFOUNDLAND

NEWFOUNDLAND	In the Labour Force				Not in the Labour Force	Participation Rate	Unemployment Rate % (Number)	Employment to Population Ratio
	Total in Labour Force Number (%) Total Employed	Employed						
		Total Employed	Part-Time	Part-Time				
•All Families:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:
-Total	-81 (49.0%)	-68 (83.9%)	-54 (66.7%)	-14 (17.2%)	-68 (50.9%)	-48.9%	-16.0% (13)	-41.1
-With children under 16	-41(59.4%)	-34 (82.9%)	-26 (63.4%)	-7 (17.0%)	-34 (42.0%)	-58.9%	-17.6% (7)	-48.5
-With pre-school age children	-16 (57.1%)	-13 (81.2%)	-11 (68.7%)	----	-13 (42.8%)	-56.5%	-----	-46.5
-Without pre-school children, but with at least one child 6-15yrs	-25 (60.9%)	-20 (80.0%)	-16 (64.0%)	-5 (20.0%)	-20 (39.0%)	-60.5%	-17.6% (4)	-49.8
•Husband & Wife Families	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:
-Total	-72 (51.0%)	-61 (84.7%)	-48 (66.7%)	-12 (16.7%)	-69 (48.9%)	-50.8%	-15.6% (11)	-49.9
-With children under 16	-36 (60.0%)	-30 (83.8%)	-24 (66.7%)	-6 (16.7%)	-23 (38.2%)	-60.9%	-16.7% (6)	-50.7
-With pre-school age children	-14 (58.3%)	-12 (85.7%)	-10 (71.4%)	----	-10 (41.7%)	-59.9%	----	-50.3
-Without pre-school children, but with at least one child 6-15yrs	-22 (61.1%)	-18 (81.8%)	-14 (63.6%)	-4 (18.2%)	-14 (38.9%)	-61.6%	-17.2% (4)	-51.0
•Families with no husband present	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:
-Total	-7 (36.8%)	-6 (85.7%)	4 (57.1%)	----	-12 (63.1%)	-35.4%	----	-29.2
-With children under 16	-4 (50.0%)	----	----	----	-5 (62.5%)	-43.5%	----	----
-With pre-school age children	----	----	----	----	----	----	----	----
-Without pre-school children, but with at least one child 6-15yrs	----	----	----	----	----	----	----	----

Source: Statistics Canada, Household Surveys Division, Labour Force Annual Averages 1996, February 1997. Table 8A.

TABLE 7B: Labour Force Status and Family Composition, 1996 : Number and Percentage
PRINCE EDWARD ISLAND

PRINCE EDWARD ISLAND	In the Labour Force				Not in the Labour Force	Participation Rate	Unemployment rate	Employment to Population Ratio
	Total in Labour Force	Employed						
	Employed Number %	Total Employed	Full-Time	Part-time			% (Number)	
•All Families:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:
-Total	-25 (65.7%)	-21 (84.0%)	-16 (64.0%)	-5 (20.0%)	-13 (34.2%)	-65.5%	-15.6% (4)	-55.3
-With children under 16	-13 (76.5%)	-11 (84.6%)	-8 (61.5%)	----	----	-80.4%	----	-65.8
-With pre-school age children	-6 (75.0%)	-5 (83.3%)	----	----	----	-78.3%	----	-62.3
-Without pre-school children, but with at least one child 6-15yrs	-7 (77.8%)	-6 (85.7%)	-5 (71.4%)	----	----	-82.2%	----	-68.7
•Husband & Wife Families	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:
-Total	-21 (67.7%)	-18 (75.0%)	-14 (66.7%)	-4 (19.0%)	-10 (32.2%)	-66.7%	----	-56.7
-With children under 16	-11 (78.6%)	-9 (81.8%)	-7 (63.6%)	----	----	-81.3%	----	-67.3
-With pre-school age children	-5 (83.3%)	-4 (80.0%)	----	----	----	-79.6%	----	-64.6
-Without pre-school children, but with at least one child 6-15yrs	-6 (85.7%)	-5 83.3%)	-4 (66.7%)	----	----	-82.8%	----	-69.6
•Families with no husband present	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:
-Total	-----	----	----	----	-----	----	----	----
-With children under 16	----	----	----	----	----	----	----	----
-With pre-school age children	----	----	----	----	----	----	----	----
-Without pre-school children, but with at least one child 6-15yrs	----	----	----	----	----	----	----	----

Source: Statistics Canada, Household Surveys Division, Labour Force Annual Averages 1996, February 1997. Table 8A.

TABLE 7C: Labour Force Status and Family Composition, 1996 : Number and Percentage
NOVA SCOTIA

NOVA SCOTIA	In the Labour Force				Not in the Labour Force	Participation Rate	Unemployment rate % (number)	Employment to Population Ratio
	Total in Labour Force	Employed						
		Total Employed	Full-Time	Part-time				
•All Families:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:
-Total	-153(56.9%)	-135(88.2%)	-100 (65.3%)	-35 (22.9%)	-116 (43.1%)	-56.8%	-11.5% (18)	-50.3
-With children under 16	-74 (69.1%)	-64 (86.5%)	-46 (62.2%)	-18 (24.3%)	-33 (30.8%)	-68.9%	-13.3% (10)	-59.7
-With pre-school age children	-31 (63.3%)	-27 (87.1%)	-19 (61.3%)	-7 (22.6%)	-17 (35.4%)	-64.3%	-14.3% (4)	-55.1
-Without pre-school children, but with at least one child 6-15yrs	-43 (72.8%)	-37 (86.0%)	-27 (62.8%)	-11 (25.6%)	-16 (27.1%)	-72.6%	-12.6% (5)	-63.4
•Husband & Wife Families	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:
-Total	-131(72.2%)	-118(90.1%)	-86 (65.6%)	-32 (24.4%)	-92 (41.2%)	-58.7%	-10.1% (13)	-52.8
-With children under 16	-63 (72.4%)	-56 (88.9%)	-39 (61.9%)	-16 (25.4%)	-25 (28.7%)	-71.8%	-10.8% (7)	-64.0
-With pre-school age children	-27 (67.5%)	-24 (88.9%)	-17 (62.9%)	-7 (25.9%)	-13 (32.5%)	-67.8%	----	-60.3
-Without pre-school children, but with at least one child 6-15yrs	-36 (76.7%)	-32 (88.9%)	-22 (61.1%)	-10 (27.8%)	-12 (25.5%)	-75.1%	-10.6% (4)	-67.1
•Families with no husband present	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:
-Total	-16 (43.2%)	-13 (81.2%)	-10 (62.5%)	----	-21 (56.7%)	-44.4%	-21.7% (4)	-34.8
-With children under 16	-10 (55.5%)	-7 (70.0%)	-5 (50.0%)	----	-8 (44.4%)	-54.0%	----	-38.1
-With pre-school age children	-4 (50.0%)	---	----	----	-4 (50.0%)	-46.1%	----	----
-Without pre-school children, but with at least one child 6-15yrs	-6 (37.5%)	-5 (83.3%)	----	----	-4 (40.0%)	-60.1%	----	-45.1

Source: Statistics Canada, Household Surveys Division, Labour Force Annual Averages 1996, February 1997. Table 8A.

TABLE 7D: Labour Force Status and Family Composition, 1996 : Number and Percentage
NEW BRUNSWICK

NEW BRUNSWICK	In the Labour Force				Not in the Labour Force	Participation Rate	Unemployment rate	Employment to Population Ratio
	Total in Labour Force	Employed						
	Number(%)	Total Employed	Full-Time	Part-time			% (Number)	
•All Families:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:	•All Fam:
-Total	-124(56.3%)	-111 (89.5%)	-85 (68.5%)	-27 (21.7%)	-96 (43.6%)	-56.3%	-10.1% (13)	-50.6
-With children under 16	-60 (67.4%)	-53 (88.3%)	-39 (65.0%)	-14 (23.3%)	-29 (32.6%)	-67.5%	-12.0% (7)	-59.4
-With pre-school age children	-25 (62.5%)	-21 (84.0%)	-16 (64.0%)	-6 (24.0%)	-15 (37.5%)	-61.7%	----	-53.7
-Without pre-school children, but with at least one child 6-15yrs	-35 (71.4%)	-31 (88.5%)	-23 (65.7%)	-8 (22.8%)	-14 (28.6%)	-72.1%	-11.3% (4)	-64.0
•Husband & Wife Families	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:	•H & W Fam:
-Total	-106(57.6%)	-96 (90.5%)	-72 (67.9%)	-24 (22.6%)	-78 (42.4%)	-57.5%	-9.0% (10)	-52.3
-With children under 16	-51 (69.8%)	-46 (90.1%)	-33 (64.7%)	-12 (23.5%)	-22 (30.1%)	-69.6%	-9.8% (5)	-62.8
-With pre-school age children	-22 (66.7%)	-20 (90.9%)	-15 (68.2%)	-5 (22.7%)	-11 (33.3%)	-65.5%	----	-58.8
-Without pre-school children, but with at least one child 6-15yrs	-29 (72.5%)	-26 (89.6%)	-19 (65.5%)	-7 (24.1%)	-11 (27.5%)	-73.0%	----	-66.1
•Families with no husband present	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:	•No Hus:
-Total	-13 (48.1%)	-10 (76.9%)	-8 (61.5%)	----	-15 (55.6%)	-46.5%	----	-37.9
-With children under 16	-8 (57.1%)	-6 (75.0%)	-4 (50.0%)	----	-6 (42.8%)	-54.9%	----	-41.0
-With pre-school age children	----	----	----	----	-4 66.7%)	----	----	----
-Without pre-school children, but with at least one child 6-15yrs	-5 (71.4%)	-4 (80.0%)	-4 (80.0%)	----	----	-66.2%	----	-53.2

Source: Statistics Canada, Household Surveys Division, Labour Force Annual Averages 1996, February 1997. Table 8A.

Table 8 shows that in all Atlantic provinces, the percentage of children living in families with an income of less than $30,000 per year is considerably higher than the national average.

TABLE 8: Distribution of children aged 0 to 11 years by household income and province, 1994-1995

	Household Income		
	<$30,000 (percentage)	$30,000-$60,000 (percentage)	>$60,000 (percentage)
Newfoundland	41.6%	38.4%	20.0%
Prince Edward Island	35.2%[1]	49.5%[1]	15.2%[2]
Nova Scotia	33.8%	44.5%	21.7%
New Brunswick	30.8%	51.6%	17.6%
Canada	25.7%	41.6%	32.8%

Source: "Growing Up in Canada: National Longitudinal Survey of Children and Youth." Human Resources Development Canada and Statistics Canada, November 1996, page 33.

1: Estimate less reliable due to high sampling variability.

2: Estimate does not meet Statistics Canada's quality standards. Conclusions based on these data will be unreliable and most likely invalid.

Statistics Canada's low income cut-offs vary depending on the size of the family and where the family lives. For example, in 1995, the low income cut off for a family of four living in a city of more than 500,000 was $31,383. For the same size family living in a rural area, the cut off was $21,364. Neither of these factors is shown in the above tables so it's difficult to determine the degree to which living in a family with an income less than $30,000 would cause a child to be considered "poor." However, "Growing Up in Canada" combined these factors to determine the percentage of "poor" children (under age 11) in each province.

Table 9 shows that significant numbers of children under age 11 in the Atlantic provinces are "poor" -- that is, they live in families whose income falls below the low income cut-off for their family size and place of residence. Only in New Brunswick is this percentage less than the national average.

TABLE 9 Distribution of children aged 0 to 11 years by "Poor" or "Non-Poor" status, by province (1994-1995)

	Poor[1]	Non-Poor
Newfoundland	33.1%	66.9%
Prince Edward Island	25.9%[2]	74.1%
Nova Scotia	26.8%	73.2%
New Brunswick	23.3%	76.7%
Canada	24.6%	75.4%

Source: "Growing Up in Canada: National Longitudinal Survey of Children and Youth." Human Resources Development Canada and Statistics Canada, November 1996, page 34.

1: Poverty is measured using Statistics Canada's low income cut-offs.

2: Estimate less reliable due to high sampling variability.

Taken together, these tables show that:

- a high percentage of children in the Atlantic provinces are living in poverty;
- there is a considerable depth to this poverty, both for children living in families dependent on Social Assistance and for those living in families depending on low or minimum wage jobs;
- female lone-parent families have lower incomes, lower labour force participation and higher unemployment levels.

4. The rate and depth of poverty for Aboriginal children is even more severe than for children in general.

It is important to note that, although specific figures for the Atlantic provinces were not available, the rate and depth of poverty for Aboriginal children is even more severe than for children in general. The National Forum on Health, the Canadian Institute of Child Health, Canadian Public Health Association and the National Longitudinal Study of Children and Youth all make reference to the difficulties faced by Aboriginal children. In particular, the Canadian Institute of Child Health notes in "The Health of Canada's Children":

"The accurate child poverty rate for Aboriginal children is not known. We do know however, that a very high proportion of Aboriginal children live below the poverty line and that some live in such difficult circumstances that they may be hard for many Canadians to imagine. Many Aboriginal children in Canada experience living conditions similar to those in Third World countries."
(page 140)

Those who participated in the Canadian Public Health Association "Cross-Country Consultation on a National Vision and Goals for Child and Youth Health in Canada," consistently expressed concern for the urgent needs of Aboriginal children:

"Every workshop addressed the shameful living conditions of some Aboriginal families. While there is a wide variation in living standards among Aboriginal peoples, most children and youth do not have access to the basic needs and opportunities that are required for optimum growth and development. Providing support and resources to Aboriginal communities so they can address these issues must be a top priority." (page 11)

The National Longitudinal Study of Children and Youth notes that the health of Aboriginal children is of particular concern because children make up a much larger proportion of the population in Aboriginal communities than they do in other Canadian communities. According to the 1991 census, children under age 15 made up 37% of the population of Aboriginal people. In

comparison, children under age 15 made up 21% of the total Canadian population (CICH, page 135).

Of the 361,670 Aboriginal children living in Canada:

- 1.3% live in Newfoundland and Labrador

- 2.2% live in Nova Scotia
- 1.2% live in New Brunswick
- 0.2% live in Prince Edward Island. (CICH, page 134)

Aboriginal children also make up a relatively small proportion of all children living in the Atlantic provinces. While across Canada, 6.4% of all children are Aboriginal, the percentages are lower in the Atlantic Region:

- 3.8% of all children living in Newfoundland and Labrador are Aboriginal
- 4.2% in Nova Scotia
- 2.9% in New Brunswick
- 2.5% in Prince Edward Island (CICH, page 133)

Although a relatively small proportion of Canada's Aboriginal children live in the Atlantic provinces, and a relatively small proportion of the children living in the Atlantic provinces are Aboriginal, the needs of these children are significant and their numbers are increasing -- the birth rate for Indian and Inuit women is twice that for women in the general Canadian population (CICH, page 136).

Table 10 shows that adult Aboriginal people as a whole have very low incomes: more than half report an income of less than $10,000 per year. This is especially striking when compared with the income levels of non-Aboriginal Canadians, as shown in Table 6, where 7.6% of adults in the Atlantic region report incomes of less than $10,000. Although this information doesn't indicate how many children live in the same households as these very low income adults, it is clear that the poverty faced by Aboriginal people is greater than that of the population as a whole.

TABLE 10 Income Levels of Adults Reporting Aboriginal Identity, 1991 (Percentage)

	No Income	Under $2,000	$2,000-9,999	$10,000-19,999	$20,000-39,999	$40,000 and over
Newfoundland						
•Total	•18.3%	•8.3%	•27.3%	•21.3%	•16.8%	•4.2%
•Off-Reserve	•24.6%	•9.2%[1]	•31.1%	•18.9%	•16.7%	•3.3%[1]
PEI						
•Total	•13.6%[1]	-----	•36.9%[1]	•27.4%[1]	•13.6%[1]	------
•Off-Reserve		-----	-----	-----	-----	-----
Nova Scotia						
•Total	•18.4%	•6.8%	•37.8%	•20.7%	•13.7%	•2.4%[1]
•Off-Reserve	•18.8[1]	•9.3%[1]	•25.7%	•20.2%[1]	•20.2%[1]	-----
NB						
•Total	•15.8%	•8.1%	•40.0%	•20.8%	•11.9%	•2.9%[1]
•Off-Reserve	•19.0%[1]	•13.6%[1]	•30.6%[1]	•17.3%[1]	•12.1%[1]	-----
Canada						
•Total	•13.2%	•11.9%	•28.9%	•22.7%	•17.8%	•5.0%
•Off-Reserve	•14.0%	•9.9%	•26.4%	•22.6%	•22.3%	•6.6%

Source: Statistics Canada, Aboriginal Peoples Survey, 1991: Schooling, Work and Related Activities, Income, Expenses and Mobility: Table 4.1, page 134 (Total); Table 4.3, page 142 (Off-Reserve).

1: Estimate less reliable due to small sample size.

Table 11 shows the percentages of adult Aboriginal people, as a whole and those living off-reserve, whose income comes from employment and those who receive social assistance. Again, compared to the population as a whole, Aboriginal people are less likely to be employed and more likely to receive Social Assistance.

1996 Census: Aboriginal Data notes that "32% of Aboriginal children under age 15 live in a lone-parent family, twice the rate of the general population" (The Daily, January 13, 1998, page 5). The fact that a child of a lone-parent mother is more likely to be poor, combined with the higher rate and greater depth of Aboriginal poverty, indicates that the high incidence of Aboriginal children living in these families is cause for increased concern.

TABLE 11: Adult Aboriginal People with Income from Employment and Social Assistance (Percentage)

	Percentage with Employment Income		Level of Income from Employment			Percentage Receiving Social Assistance (excluding Family Allowance and Child Tax Credit)		Length of Time Receiving Social Assistance		
	Total	Off-Res		Total	Off-Res	Total	Off-Res		Total	Off-Res
Newfoundland	68.1%	55.6%	•Under $2,000: •$2,000-9,999: •$10,000-19,999: •$20,000-39,999: •$40,000 and over:	•15.9% •46.5% •15.2% •17.7% •4.8%	•14.5%* •45.2% •16.6%* •20.1% • -------	13.5 %	17.9%	•1 - 6 months: •7 -12 months: •No. months not specified:	•45.8% •48.8% •-----	•32.8%* •56.2%* • -------
Prince Edward Island	69.8%	71.1%	•Under $2,000: •$2,000-9,999: •$10,000-19,999: •$20,000-39,999: •$40,000 and over:	•35.2* •45.1%* • ----- •13.7%* • ----	• ------- • ------- • ------- • ------- • -------	43.8 %	• -------	•1 - 6 months: •7 -12 months: •No. months not specified:	•28.1%* •50%* •18.7*	• ------- • ------- • -------
Nova Scotia	46.5%	64.1%	•Under $2,000: •$2,000-9,999: •$10,000-19,999: •$20,000-39,999: •$40,000 and over:	•16.4% •30.6% •25.3% •23.6% •4.2%*	•13.8%* •27.9%* •22.0%* •29.3%* • -------	41.5 %	11.3%*	•1 - 6 months: •7 -12 months: •No. months not specified:	•15.6% •83.6% •----	• ------- •64.4%* • -------
New Brunswick	49.9%	59.0%	•Under $2,000: •$2,000-9,999: •$10,000-19,999: •$20,000-39,999: •$40,000 and over:	•18.9% •30.4% •22.7% •22.3% •5.3%*	•27.5%* •28.1%* • ------- •20.0%* • -------	38.9 %	19.9%*	•1 - 6 months: •7 -12 months: •No. months not specified:	•9.6%* •85.7% •6.4%*	• ------- •64.8%* • -------
Canada	59.6%	63.4%	•Under $2,000: •$2,000-9,999: •$10,000-19,999: •$20,000-39,999: •$40,000 and over:	•16.7% •30.1% •21.1% •24.4% •7.5%	•16.0% •28.2% •19.9% •26.5% •9.2%	28.5 %	24.7%	•1 - 6 months: •7 -12 months: •No. months not specified:	•29.9% •64.5% •5.5%	•31.3% •63.5% •5.0%

Source: Statistics Canada, Aboriginal Peoples Survey, 199!: Schooling, Work and Related Activities, Income, Expenses and Mobility: Table 4.1, page 134 (Total); Table 4.3, page 142 (Off-Reserve).

* Estimate less reliable due to small sample size.

TABLE 12: Percentage of Aboriginal Children Reporting Specific Health Problems (1991)

	Aboriginal Children under 15 (Total Number: 236,810)	All Canadian children under 15 (Total Number: 5,577,900)
Have a chronic health condition (excluding allergies, asthma and bronchitis)	9.7% (22,975)	3.9% (218,850)
Have a heart condition or disease	1.8% (4,345	0.5% (29, 600)
Have a mental handicap, learning disability and/or behavioural or emotional condition	5.1% (11,995)	2.2% (124,490)
Require specialized aids, such as a hearing aid, wheelchair, medically prescribed footwear	3.3% (7,800)	1.2% (68,765)
Have visual difficulties not corrected by glasses or contact lenses	3.0% (7,105)	0.5% (30,245)
Have difficulty hearing	3.1% (7,225)	0.9% (50,550)
Have difficulty speaking or being understood because of a health problem	3.1% (7,390)	1.4% (78,235)

Source: Statistics Canada, Aboriginal Peoples Survey 1991. Health Profile of Aboriginal Children (under 15 years of age): Canada, Provinces and Territories. April 1994.

That this level of poverty has had a direct impact on health status is shown in Table 12. Using data from the 1991 Aboriginal Peoples Survey, Statistics Canada produced a Health Profile of Aboriginal Children (April 1994). This profile indicates that Aboriginal children have a significantly higher incidence of health problems than Canadian children as a whole.

5. *There is a lack of available statistical information on the status of Black and visible minority children.*

Because of the way in which Canada's statistics are collected, it is very difficult to determine the numbers of Black and visible minority children living in Atlantic Canada, or to find any specific information about their family income levels. Data for these groups are included in the overall population statistics.

The only information available on the proportions of visible minorities in the Canadian population as a whole was found in unpublished information compiled as part of the national NOBODY'S PERFECT revision process. Using 1986 census data, this analysis divided the population into very broad groups based on ethnic origins. These were:

Caucasian:	British origins
	French origins
	Western European origins
	Northern European origins
	Eastern European origins
	Southern European origins
	Other origins (American, Australian/New Zealand, etc.)
Black:	Caribbean origins
	Black origins
	Other African origins
Asian:	East/South East Asian origins
	Indo-Chinese origins
Aboriginal:	Aboriginal origins
Other Ethnic Groups:	Other European origins (Basque, Gypsy, Jewish)
	West Asian (Afghan, Armenian, Iranian, etc.)
	Pacific Island origins
	South Asian origins (Punjabi, Singhalese, Tamil, Bangaladeshi, etc.)
	Latin, Central and south american origins
	Other multiple origins

Using these very broad categories, a rough approximation (Table 13) was made of the percentage of visible minority people in the Canadian population.

TABLE 13: Canadian Population Breakdown Based on Ethnic Origins (1986 Census Data)

Total Canadian Population	26,944,045
Caucasian origins •Number •Percent	 •23,390,870 •86.6%
Black origins •Number •Percent	 •345,445 •1.2%
Asian origins •Number •Percent	 •961,225 •3.6%
Aboriginal origins •Number •Percent	 •470,615 •1.7%
Other Ethnic origins •Number •Percent	 •1,834, 805 •6.8%

These proportions are far from exact and will vary for the Atlantic region as a whole and for each of the individual provinces. In addition, these figures do not distinguish between visible minority children born in Canada -- for example, Nova Scotia's indigenous Black community -- and those born in other countries and growing up in Canada as immigrants, or those born in Canada to newly arrived parents. Each of these groups is likely to have distinct -- and quite different -- needs, and an effort should be made to develop a more accurate and detailed picture of these children.

6. *There is a lack of information on Out-of-the-Mainstream Youth, but the little information available indicates that their needs are acute and their numbers are growing.*

In its "Key Findings about Vulnerable Groups: Youth Health" the National Forum on Health noted that in general, Canada's youth are in need of immediate help. The Tables in the earlier parts of this Profile include children 18 and under, and as is true with all children, poverty puts adolescents at greater risk for health and social difficulties However, not all adolescents live with their families. National Forum on Health states further that:

"Young people are the fastest growing segment of the homeless population; runaways and street youth account for a significant proportion of this group. (Runaways and street youth refers to young people who spend considerable time on the street, who live in marginal or precarious situations and who participate extensively in street lifestyle practices.) Most adolescents leave home because of conflict and physical, sexual and emotional abuse. Youth on the street have different resources and skills to deal with life's challenges. Those who become increasingly entrenched participate in risky behaviours, live in marginal situations and are vulnerable to physical and mental health problems." (page 2)

Although these out-of-the-mainstream youth are a heterogeneous group and are diverse in terms of the economic level of the families from which they come, it seems reasonable to assume that these adolescents -- at least while they are living on the street -- are poor.

No specific statistics on the numbers of out-of-the mainstream youth in the Atlantic provinces were found, although Nova Scotia's "Youth in the 90s" report (1993) indicated that in 1991, 2,380 Nova Scotian youth, age 15 to 19, were living away from their parents or other relatives. Of these, 275 lived alone.

As a group, out-of-the mainstream youth are transient and difficult to count, tending to move in and out of various living situations. Some maintain a tenuous connection with their home and family, others have no connection at all and are living a street life. Information provided by Halifax's Phoenix Centre for Youth, which provides homeless youth with a first exit off the street, indicates that the numbers of homeless youth are increasing -- between 1995 and November 1997, the number of individual clients they work with has increased by 116%.

Information provided by the Teen Health Centre, located in the J.L. Ilsley High School, supports the view that the numbers of out-of-the mainstream youth are increasing. However, this information also indicates that at least some of these teens are making a real effort to remain in school. This finding is supported by information provided by Health Canada's Jim Anderson, who noted that in a study of Halifax street youth, done in the summer of 1993, 30% of the youth on the street had attended school during the previous year. The Teen Health Centre also noted that a relatively large proportion of homosexual teens become homeless.

As is true for Aboriginal children, the problems of Aboriginal youth are intensified by the greater overall levels of poverty in their families and communities. Specifically, Aboriginal youth have a much greater risk of suicide than adolescents as a group (Scott, 1996, page 49).

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PART 2: AN ENVIRONMENTAL SCAN OF CHILD POVERTY INITIATIVES AND PROGRAMS IN THE ATLANTIC REGION

Context

The Environmental Scan was undertaken during November and early December 1997. Four contractors, one in each Atlantic province, were hired for six days each to contact as many organizations, agencies or groups which addressed the issues of child poverty as they could locate. A series of questions, which formed the basis of a data base, were developed and tested.

At the time of this analysis (January 17, 1998), 129 records had been entered into the data base. These are summarized in Table 13.

TABLE 13: Number of Records Entered into the Data Base

	Number of Records	Completed Entries	Incomplete
Newfoundland	38	37	1
New Brunswick	17	16	1
Nova Scotia	48	20	28
Prince Edward Island	26	25	1
Atlantic Region	129	98	31

For the purposes of this discussion, a "completed entry" refers to an entry on which most of the questions were answered. An "incomplete entry" is one which contained only a contact name and address. The incomplete records are primarily organizations which were, for one reason or another, unable to respond to the questions in the Scan during the very brief time allotted. These organizations are included in the data base to provide Health Canada with as many names and contacts as possible for future development of the data base and future work in the area of child poverty. However, only "completed scans" are referred to in this discussion.

The series of questions used for the Environmental Scan is included as Attachment 1. Additional information regarding the data base is available through the Population Health Fund, Health

Programs and Promotion Branch, Atlantic Region.

Selected information obtained from contacts in each province is summarized on four tables which have been included as Attachment 2: 2A Newfoundland; 2B, New Brunswick; 2C, Nova Scotia; and 2D, Prince Edward Island. Please note that not all respondents answered all of the questions and that multiple responses were possible for many questions.

We recognize that the organizations contacted through the Environmental Scan and included in the data base in no way constitute a comprehensive listing of all the efforts being made to address aspects of child poverty at regional, provincial and local levels. They are simply the contacts the consultants were able to make in the time allotted, using the networks to which they had access within their province.

All organizations contacted in each province (including those which were contacted but did not complete the questionnaire) are listed in the Organization Key on each provincial Summary Table (Attachment 2). This listing reveals some gaps in the distribution of the organizations we were able to contact during the Scan. The most obvious gap occurs in the Newfoundland list: 31 of the 38 organizations contacted were located in St. John's.

In New Brunswick, the distribution was: Moncton 5; Bathurst, 4; Saint John, 3. A single organization was contacted in each of four other communities. However, there were no entries from Fredericton.

In Nova Scotia, 48 contacts were made, but only 20 completed the questionnaire. Among the 20 completed responses, more than half were located in the Halifax/Dartmouth area: 12 in Halifax and 2 in Dartmouth. Two were located in Bridgewater, and the remaining four were in Antigonish, East Preston, Truro and Sydney. The 28 organizations which were contacted but did not complete the questionnaire were more widely distributed across the province, with only three of the 28 located in Halifax/Dartmouth.

Distribution seemed to be fairly even in Prince Edward Island: Charlottetown, 9; Montague, 4; Souris, 2; Lennox Island, 2; and O'Leary, 2. One organization was located in each of Summerside, Wellington, Bloomfield and Slemon Park .

At this time, the degree to which the organizations contacted during the Scan represent the distribution of all organizations within each province is unknown. We acknowledge that gaps exist and hope that as the data base develops and is expanded, a clearer picture will emerge.

Results of the Environmental Scan

Attachments 2A, Newfoundland; 2B, New Brunswick; 2C, Nova Scotia; and 2D, Prince Edward Island include the names and locations of all organizations contacted, as well as all the data offered by each contact in 7 categories:

- Nature of the initiative
- Primary target population
- Age of the target group
- Does the initiative primarily or exclusively address the needs of a specific group
- Duration of the initiative
- Health determinants addressed
- Approaches

Nature of the Initiative

The intent of this question was to determine whether a specific initiative was a program, a policy or a research project or paper. In all provinces, the initiatives were overwhelmingly programs, indicating that for the most part, the organizations contacted were offering some form of service to the people of their community. Table 14 summarizes this information.

TABLE 14: Nature of the initiatives undertaken by organizations contacted through the Environmental Scan

	NF: 37 completed		NB: 16 completed		NS: 20 completed		PE: 25 completed	
	Num.	*Rank*	Num.	*Rank*	Num.	*Rank*	Num.	*Rank*
Program	34	*1*	11	*1*	16	*1*	25	*1*
Policy	5	*3*	2	*2*	7	*2*	1	*2*
Research project or paper	8	*2*	1	*3*	3	*3*	1	2

Primary Target Population

In all provinces, children and youth were cited as the primary target population of the initiatives being discussed. However, the provinces varied in the next most frequently cited target group: in Newfoundland, "entire geographic community" came second; in Nova Scotia and Prince Edward Island, it was "families"; and in New Brunswick, "women" and "adults" were tied.

TABLE 15: Primary Target Group addressed by organizations contacted through the Environmental Scan

	NF: 37 completed		NB: 16 completed		NS: 20 completed		PE: 25 completed	
	Num.	*Rank*	Num.	*Rank*	Num.	*Rank*	Num.	*Rank*
Entire Geographic Community	11	*2*	5	*4*	2	*5*	6	*3*
Children and Youth	22	*1*	10	*1*	9	*1*	16	*1*
Adults	7	*4*	6	*2*	0	*7*	5	*5*
Women •Teen Mothers	3	*6*	6	*2*	3	*4*	5 •1	*4*
Seniors	0	*7*	0	*6*	1	*6*	0	*7*
Families	8	*3*	3	*5*	6	*2*	8	*2*
Other (Total): •Tenants in Public Housing •Innu Nation •Aboriginal Community •People in Poverty •Victims of Family Violence •Youth 16-24 •Families in Poverty •Mentally Impaired	4 •1 •2 •1	*5*	0	*6*	5 •1 •2 •1 •1	*3*	4 •2 •1 •1 •1	6

Age of the target group

The ages of the target group were fairly evenly distributed across the three groupings identified by Health Canada: 0-6, 7-12, and 13-18. However, in all provinces, "other" was the most frequently cited category, with "all ages" accounting for the largest number and a wide variety of sub-groups specified.

The sub-groups specified by programs sometimes overlapped more than one of the Health Canada groups (e.g., 12 - 16); were sometimes contained within a grouping (e.g., 3-4); and sometimes extended beyond the age limit but still included target group ages (16-24). This led to a lack of consistency in responses -- some organizations would specify the age grouping closest to their target, others would check "other," and some did both. However, the wide variation in target ages seems to indicate that considerable flexibility in defining target ages is needed. Age of target groups is shown in Table 16.

TABLE 16: Age Target Groups addressed by organizations contacted through the Environmental Scan

	NF: 37 completed		NB: 16 completed		NS: 20 completed		PE: 25 completed	
	Num.	*Rank*	Num.	*Rank*	Num.	*Rank*	Num.	*Rank*
0-6	17	*2*	5	*2*	8	*2*	3	*4*
7-12	14	*3*	3	*4*	6	*3*	5	*2*
13-18	14	*3*	4	*3*	3	*4*	5	*2*
Other	23	*1*	10	*1*	12	*1*	17	*1*
•All Ages	•13		•9		•6		•6	
•Abused women and their children	•1						•2	
•3-4	•1							
•5-18	•1							
•6-11	•1							
•6-16	•1							
•12-16	•2							
•14-21	•1							
•16-21	•1							
•16 and up	•1							
•15-24			•1					
•Women and Children					•2			
•Parents					•4		•1	
•Grades 1-3					•1			
•16-24					•1		•1	
•Women, all ages							•1	
•Families in poverty							•1	
•13 and up							•1	
•13-21							•1	
•16-29							•1	
•18-24							•2	

Does the initiative primarily or exclusively address the needs of a specific group

There was considerable confusion surrounding this question, and as a result, the initiatives included under this category have been limited to those which focus on the needs of a specific visible minority. These were primarily Aboriginal initiatives: four in Newfoundland; one in New Brunswick; four in Nova Scotia; and two in Prince Edward Island. Two initiatives focussing on the needs of the Black community were identified in Nova Scotia, however, both of these were policy-based initiatives and did not offer specific programs for children or youth. Respondents in Prince Edward Island identified "mentally impaired" children and youth as a visible minority and as a result they have been included in this category.

Many respondents indicated that they welcomed the participation of visible minorities but that there were relatively few living in their communities and they had not had occasion to develop specific programs.

TABLE 17: Organizations primarily or exclusively addressing the needs of a specific group contacted through the Environmental Scan

	NF: 37 completed	NB: 16 completed	NS: 20 completed	PE: 25 completed
	Num.	Num.	Num.	Num.
Aboriginal	4	1	3	2
Black	----	----	2	----
Visible Minority •Intellectually Impaired	----	----	----	•2

Duration of the Initiative

This question was intended to determine how long from the time the Scan was conducted (December 1997) the initiatives were expected to be operational. "More than five years or on-going" was by far the most frequently cited duration. This seems to be an indication that the organizations addressing poverty issues recognize the entrenched nature of the issue and are prepared to offer continuity in their efforts to help.

TABLE 18: Duration of Initiatives undertaken by organizations contacted through the Environmental Scan

	NF: 37 completed	NB: 16 completed	NS: 20 completed	PE: 25 completed
	Num.	Num.	Num.	Num.
6 months or less	----	----	----	2
6 months - 2 years	2	2	----	----
2-5 years	4	2	1	7
More than 5 years or on-going	26	12	14	13

Health Determinants Addressed

Responses to this question indicate that community groups and organizations have a clear grasp of the inter-relatedness of the determinants of health: many respondents cited nearly all of the determinants as being addressed by their initiative. Their responses are summarized and ranked in Table 19.

TABLE 19: Health Determinants addressed by organizations contacted through the Environmental Scan

	NF: 37 completed		NB: 16 completed		NS: 20 completed		PE: 25 completed	
	Num.	*Rank*	Num	*Rank*	Num.	*Rank*	Num.	*Rank*
Income and Social Status	30	*2*	13	*5*	10	*3*	25	*1*
Social Support Networks	29	*3*	14	*1*	11	*2*	24	*2*
Education	27	*4*	14	*1*	12	*1*	24	*2*
Employment / Working Conditions	22	*7*	10	*7*	8	*5*	22	*6*
Social Environments	26	*5*	14	*1*	8	*5*	23	*5*
Physical Environments	8	*12*	8	*9*	5	*11*	18	*10*
Pers. Health Pract. / Coping Skills	33	*1*	14	*1*	8	*5*	24	*2*
Healthy Child Development	24	*6*	12	*6*	10	*3*	22	*6*
Biology and Genetic Endowment	12	*9*	5	*11*	1	*12*	11	*12*
Health Services	9	*11*	9	*8*	6	*10*	19	*9*
Gender	16	*8*	8	*9*	8	*5*	18	*10*
Culture	12	*9*	4	*12*	7	*9*	20	8

There was a considerable level of agreement in the determinants cited most frequently by the provinces.

The top three for each province were:

Newfoundland:
1. Personal Health Practices and Coping Skills (33 of 37 respondents)
2. Income and Social Status (30)
3. Social Support Networks(29)

New Brunswick: Four-way tie:
1. Personal Health Practices and Coping Skills (14 of 16 respondents)
1. Social Support Networks (14)
1. Education (14)
1. Social Environments (14)

Nova Scotia:
1. Education (12 of 20 respondents)
2. Social Support Networks (11)
3. Income and Social Status (10)

Prince Edward Island:
1. Income and Social Status (25 of 25 respondents)
2. Social Support Networks (24)
2. Education (24)
2. Personal Health Practices and Coping Skills (24)

Four determinants -- Income and Social Status; Social Support Networks; Education; and Personal Health Practices and Coping Skills -- accounted for the top three spots in all provinces. This seems to indicate that, in addition to the recognition of the inter-relatedness of the determinants, there is also a degree of agreement regarding the ones organizations choose to address when seeking to impact on child poverty.

Approaches

This question addressed the way in which the initiative approached it's work. Respondents were asked to choose three from a list of nine, including an "other" category. Responses are summarized in Table 20.

TABLE 20: Approaches taken by organizations contacted through the Environmental Scan

	NF: 37 completed		NB: 16 completed		NS: 20 completed		PE: 25 completed	
	Num.	*Rank*	Num	*Rank*	Num.	*Rank*	Num.	*Rank*
Cultural Awareness	4	*5*	0	*6*	2	*5*	3	*7*
Economic Development	2	*7*	3	*5*	0	*8*	8	*3*
Education	17	*3*	7	*3*	9	*1*	17	*2*
General Community Development	12	*4*	6	*4*	4	*4*	4	*5*
Organizational Development	0	*8*	0	*6*	0	*8*	0	*9*
Research	3	*6*	0	*6*	1	*6*	2	*8*
Self-Help	23	*2*	11	*1*	9	*1*	8	*3*
Social Support	32	*1*	9	*2*	9	*1*	19	*1*
Other (Total): •Advocacy •Lobbying •Family Strengthening •Health Care Services	0	*8*	0	*6*	1 •1	*6*	4 •1 •1 •1 •1	5

Once again, there was a high degree of consistency among the top choices. By province the top three choices were:

Newfoundland:
1. Social Support (32 out of 37 respondents)
2. Self-Help (23)
3. Education (17)

New Brunswick:
1. Self-Help (11 out of 16 respondents)
2. Social Support (9)
3. Education (7)

Nova Scotia:
1. Education (9 out of 20 respondents)
1. Self-Help (9)
1. Social Support (9)

Prince Edward Island:
1. Social Support (19 out of 25 respondents)
2. Education (17)
3. Self-Help (8)
3. Economic Development (8)

Summary

This analysis of some of the information yielded by the Environmental Scan allows for some preliminary insights into the kinds of initiatives being undertaken in Atlantic Canada, and the kinds of organizations carrying them out.

By a wide margin, community groups are addressing issues related to child poverty in concrete ways through programs, rather than through policy development or research. Not surprisingly, the primary target population is children and youth, but when the age of the target group is examined further, it becomes apparent that these programs are often offered by organizations or agencies that address other age groups as well -- for example, community centres, family resource centres, community health centres, or women's shelters. This is a useful finding in that it indicates that just as child poverty is part of family poverty, programs addressing child poverty can be part of initiatives addressing other aspects of family poverty or family life.

It is also useful to note that the overwhelming majority of the initiatives identified in the Scan are long-term, on-going initiatives -- they are part of their community.

The degree of consensus with regard to the Determinants of Health addressed by the child poverty initiatives is striking: Income and Social Status; Social Support Networks; Education; and Personal Health Practices and Coping Skills appeared in the top three Determinants addressed by organizations in all provinces. There was also a consensus around the most frequent approaches, which closely paralleled the determinants: in all provinces the three most common approaches to addressing child poverty were social support, self-help and education.

The urgency of the needs of Aboriginal children, and the lack of statistical information on visible minority children and out-of-the-mainstream youth identified in the Profile are also reflected in the Scan data. At least one program for Aboriginal children was found in each province, all run by Aboriginal organizations. While this is not an indication that the need is being met -- or even that the few programs identified by the Scan are representative -- it at least shows that the need has been recognized and efforts are being made to address it.

The same cannot be said for the needs of visible minority children. There is no lack of willingness on the part of existing organizations to address their needs, but with little information available on who these children are and what their specific needs might be, it is not surprising that no programs addressing these needs were found.

The Scan contained no question specifically addressing out-of-the-mainstream youth. However, programs aimed at young people in their teen years were found in all provinces. Some or all of these may be accessible to out-of-the-mainstream youth and a few, like Nova Scotia's Long Term Services for Youth Association, are exclusively for this group. At this time,though, there is insufficient information about the numbers of these young people to allow for any assessment of the extent to which their needs are being met.

2

PART 3: DISCUSSION

Child and family poverty have consequences -- both immediate and long-term -- for the health and well-being of children. Health Canada's "Source Document for the Diagnostic of Children and Childhood in Canada" points out that low family income compromises the ability of families to provide for their children's basic needs, resulting in poorer overall health. As an example, the report notes that *"close to 60% of low birth weight babies come from families living below the low income cut-off levels."* (page 7)

"Child Poverty: What are the Consequences?" (Canadian Council on Social Development, 1996) has described and documented some of these consequences. They found that overall, lack of income decreases a child's chance for healthy development, because:

Poor children have poorer health than other children. Poor children are more likely to be born prematurely; to have a low birth-weight; and to have a greater risk of physical, emotional and social disorders. They are more likely to he hyperactive, to exhibit emotional and conduct disorders and to have trouble with the law.

Poor children leave school sooner, and receive less education overall, than other children. The school drop-out rate of poor children is double that of non-poor children. A recent study "The Literacy Skills of Canadian Youth" (1997) noted that there are measurable and significant gaps between the literacy skills of economically advantaged and disadvantaged young people.

Poor children face greater risks to health and safety as a result of living in unsafe environments. Their homes are more likely to need major repairs and to lack safety features like smoke alarms. Poor children are also more likely to live in children's aid facilities or foster care.

Poor children engage in riskier behaviours. They are more likely to smoke, take drugs or have a drinking problem. They are less likely to use birth control, and as a result, teenage girls from low-income families are five times as likely to become pregnant as girls from higher income families. Teens from poor families are also less likely to use condoms as protection from sexually transmitted disease. (Page 26)

It is clear that the organizations contacted for the Environmental Scan are familiar with and are trying to address these consequences through a variety of programs - for example, prenatal programs; school breakfast and lunch programs; parenting and parent suport programs; stay-in-school, help with homework and job skills programs; recreation and self-esteem programs.

Community-based contacts interviewed in the course of completing the Environmental Scan understood that these consequences of child poverty are as inter-related as the Determinants of Health. Many offered comments and insights that supported the emerging issues identified in the Profile.

These contacts repeatedly stressed their conviction that it was pointless and dangerous to address child poverty in isolation. It is, they stated, inextricably linked with family poverty, and in particular, with women's poverty. This linkage was clearly seen in the Profile: children are poor because their families are poor and children in female-led families are more likely to be poor.

In relation to this point, it was also repeatedly stressed that interventions aimed at alleviating child poverty will not be effective if directed solely at children. Reinforcing this point, a Nova Scotia Family Resource Centre stated that, while the goal of their programs is to foster the development of the children of low-income families, they often see a greater impact on the children's lives occurring as a result of programs which nurture and support their mothers.

Because both the consequences of child poverty, and its causes, are systemic and intersect with the mandates of a variety of government departments and community agencies, it's should not be surprising that another insight emerging from contacts with community groups and government contacts is that an eclectic, multi-faceted approach to the issue is preferred, an approach which acknowledges that poverty has many contributing factors and addresses as many as possible through a comprehensive, collective service delivery model.

In a sense, this multi-faceted approach is being reflected in provincial government programs, although the provincial activities are not being defined as being directed at the specific issue of "child poverty." Two points emerged from the interviews and informal conversations with contacts in various departments in each province:

- In one form or another, all are addressing issues directly or indirectly related to child poverty; and
- "Child poverty" was not identified as an overriding issues being directly adressed.

That is, although there is a general recognition that child poverty is a widespread issue, there has been little formal focus on specifically addressing "child poverty." Rather, each department has developed initiatives related to their particular mandate which are directed at addressing specific risks which affect children, while recognizing that the resulting programs will have the greatest impact on poor children. This seems to be an artifact of the way in which government departments are organized, rather than an unwillingness to acknowledge the existence of child poverty, but the result has been the development of programs and initiatives which address various aspects of children's lives and various risks to which they are exposed, but don't directly address poverty as an issue which underlies and ties together many of these specific risks.

Government departments are organized around mandates: education, health, economic development, etc. For example, a Department of Education may see the need to intervene early when children have difficulty establishing reading skills and so develop a program to bolster skill development early in the education process. They may note that most of the children in the program come from low income areas or families, but they have not developed the program specifically for low income children. Their programs help "poor children" but are not directed at "child poverty."

Community-based, non-governmental organizations are often formed in response to poverty -- they have mobiized around this issue. These agencies and groups work directly with low-income families and deal with the impact of poverty on people's lives on a daily basis. Their existence is based on the understanding of "child poverty" as the issue that underlies many of the risks to which children living in low income families are exposed.

The work of these community-based groups begins with a recognition that children in low income families are in greatest need and at greatest risk and their efforts are directed at what they perceive to be the root cause: poverty. These organizations, like the Department of Education, may see the importance of success in school, but would have the flexibility to take a broader aproach. For example, this kind of group may address "school readiness" by offering programs to upgrade *parental* literacy skills so that the parents would read to the child; by offering toy and book lending services to enrich the child's learning experiences; by offering play group and story telling experiences to prepare children for the social aspects of school; and even by offering skill development and job search support for parents to improve family income.

The intentions of both community-based groups and government departments are similar -- to help make children's lives better -- but their ways of analyzing and approaching the issue are quite different. The focus of the work of community-based groups is on reducing inequities -- identifying poor children as an outcome of poverty and trying to help the children by alleviating the impacts of poverty and where possible, the poverty itself. The focus of the work of the provincial departments is directed by their specific mandates -- noting the risks to which poor children are exposed in areas under their mandate and seeking to help the children by addressing these specific issues.

These approaches are not mutually exclusive. The provincial departments bring a great deal of expertise on dealing with specific risks: the community-based organizations can offer insight and experience in recognizing and addressing poverty as and underlying and unifying factor. The Determinants of Health model, by cutting across departmental mandates and looking at the underlying causes of ill-health in the population as a whole, may offer a way to begin to reconcile and to build on the strengths of each of these two approaches to addressing the needs of children. The Determinants approach encourages and supports interdepartmental and intersectoral approaches -- in fact they are essential if the Determinants are to be addressed at all.

Some interdepartmental efforts are already being initiated by the provinces. For example, in Nova Scotia, representatives form the Departments of Community Services, Health, Justice and Education, as well as a representative of the Youth Secretariat work together on a Child and Youth Action Committee (CAYAC) in an effort to develop and implement the integrated, interdisciplinary approach that is required to meet the needs of children. Prince Edward Island is initiating an interdepartmental effort toward fostering healthy child development by addressing all of the factors that impact on children, including poverty. Newfoundland is developing a Model for the Coordination of Services to Children and Youth, a joint initiative of the Departments of Education, Health, Human Resources and Employment, and Justice. New Brunswick, among other efforts, has an Early Childhood Initiative which supports children at risk for developmental delay due to social risk factors, one of which is poverty.

Cooperation, mutual suppport and respect at all levels is essential if the complex issues of child and family poverty are to be effectively adressed. The causes, consequences and approaches are

intertwined and must be addressed simultaneously. An Aboriginal leader from PEI's Lennox Island Reserve stated this clearly:

"It is only when all populations are helped at the same time that there is hope. There is no point in helping the children if the parents are left without the proper education and support. As well, there is no point in helping the parents if the children are not being equally nurtured by positive programs. They all must be nurtured together."

Conclusion

The goal of the "Working Together to Address Child Poverty in the Atlantic Region" Think Tank is to set priorities for addressing the issues of child poverty for the Childhood and Adolescent Life Stage of the Population Health Fund.

The objectives -- based on the premise that no one program or sector alone can find solutions to the challenges faced by the families, women and children who live in poverty in the Atlantic Region -- are:

- To acknowledge and support the current work being done by government departments, NGOs, agencies and community organiztions that seek to address both the causes of child poverty and the challenges faced by those who live with children in poverty.
- To use this knowledge to promote the concept of intersectoral collaboration between all sectors and to develop an organizational mechanism to enable us to work together.
- To find concrete ways to maximize the funds available through the Population Health Fund by developing joint initiatives in policy development, community capacity building and programs.

To provide a basis for discussion, the Profile of Child Poverty identified six emerging issues:

- Between 1990 and 1995, child poverty increased in the Atlantic Region.
- Children in families headed by a female lone parent are more likely to be poor, and this tendency is increasing in the Atlantic Region.
- High percentages of children in the Atlantic provinces are living in poverty and there is considerable depth to this poverty, both for children living in families dependent of Social Assistance and for those living in families depending on low or minimum wage jobs.
- The rate and depth of poverty for Aboriginal children is even more severe than for children in general.
- There is a lack of available statistical information on the status of Black and visible minority children.
- There is a lack of statistical information on Out-of-the-Mainstream Youth, but the little information available indicates that their needs are acute and their numbers are growing.

The Environmental Scan offered insight into the kinds of initiatives already underway in the four Atlantic provinces.

- Issues related to child poverty are being addressed in concrete ways through

programs, rather than through policy development or research.

- The primary target population is children and youth
- Programs are often offered by organizations or agencies that address other age groups as well.
- Most initiatives identified in the Scan are long-term, on-going initiatives
- Programs tended to address the same Determinants of Health: Income and Social Status; Social Support Networks; Education; and Personal Health Practices and Coping Skills
- Programs also tended to take the same approaches: social support, self-help and education.
- The needs of Aboriginal children are being addressed by the Aboriginal communty, but more support is required.
- There is willingness to address the needs of Black and visible minority children, but more information on their specific needs is required.
- More information about the numbers and needs of out-of-the-mainstream youth is required.

This information is offered as a platform from which to launch further discussion of the most effective ways to support efforts to address child poverty. Poverty is both widespread and deep in the Atlantic Region. Addressing this issue and alleviating it, will require an extended, intensive, cooperative and concentrated intersectoral effort. "Working Together to Address Child Poverty in the Atlantic Region" is an important step in that direction.

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ATTACHMENT 1: Background, Methodology and Limitations

Background

In November 1997, Health Canada commissioned an up-to-date overview of the realities of child poverty in each of the four Atlantic provinces and in the region as a whole. This overview is intended to provide a basis for discussion and planning and has three components:

1. A profile of child poverty in Atlantic Canada, organized, insofar as is possible, into units for Children (0-12) and Adolescents (13-18), with sub-sections for Black, Aboriginal and minority children.

2. A description initiatives in policy development, research or programs that address the realities of child poverty in his region, either current or in the planning stage. These initiatives should include:
- federal, provincial or municipal government
- academic or research centres
- community-based groups and organizations
- private sector

This data is also organized, insofar as is possible, into units for Children (0-12) and Adolescents (13-18) with sub-sections for Black, Aboriginal and minority children,

In addition, this description of initiatives should identify both the potential gaps and key contacts in the field of child poverty.

3. A data base of key stakeholders, including their mandates and areas of interest, organized, insofar as is possible, into units for Children (0-12) and Adolescents (13-18) with sub-sections for Black, Aboriginal and minority children

In line with the regional objectives of the Atlantic Health Promotion and Programs Branch, the programs and initiatives identified in the data base have been linked to the determinants of health. It is hoped that this connection will assist other sectors -- for example, business, labour, community groups and various levels of government -- to develop a greater understanding of the determinants of health as they relate to the health and well-being of children and adolescents.

This report comprises Part One of this project: the development of a profile of child poverty in Atlantic Canada.

Methodology

Document Review

Our first step in developing this profile was to look for existing, published sources of information on the nature and extent of child poverty in Canada, the Atlantic region and/or each of the Atlantic provinces. This material was to provide a background and context for the information we were seeking from each of the provinces. The primary sources proved to be statistical compilations, such as those produced by the National Council of Welfare, the Canadian Institute

of Child Health, The Canadian Council on Social Development and Statistics Canada.

Some specific information on Aboriginal children was available, and has been presented separately. No information on the specific needs or status of Black or visible minority children was found.

Interviews

Child poverty is an issue which cuts across the mandates of several government departments Since our goal was to develop systematic and consistent data with which to describe child poverty in each of the four Atlantic provinces, our approach was to seek information from similar sources within the provincial governments of each province. Because our focus was on child poverty as a determinant of child health, rather than on child health itself, our first approaches were to the provincial contacts who dealt with financial, economic and economic development issues.

Next, we approached contacts within each government who were concerned with poverty generally, and/or child poverty specifically. Since our basic premise was that children are poor because their parents are poor, initiatives that impact on the economic status of parents and families were also considered to affect child poverty.

Finally, we contacted government departments which, while not addressing child poverty in and of itself, might, as part of other programs have identified low-income children and families as priority populations.

Our first step was to contact the CHPNA Contractors in each of the four provinces and ask them to compile a list of phone numbers and contact names for the relevant government departments. These included: Finance and/or Economic Development; Social or Community Services; Health; Education; Justice; and any other which seemed relevant in the context of what they knew about the organization of the government in their province.

Following this, the Writer/Researcher telephoned the identified contacts, explaining the kind of information she was seeking and asking if they would answer several questions about their province's definition of and approach to child poverty. Those who agreed were given the option of being interviewed by phone or having the questions faxed and replying in writing. The 10 questions were:

1. What is your Department or province's operational definition of child poverty?

2. Can you provide, or refer me to, any statistics on the incidence of child poverty in your province?

3. What do you consider to be the key factors that affect child poverty in your province?

4. Is your Department or province developing -- or has it developed -- policies for addressing child poverty?

5. Has your Department or province undertaken any initiatives specifically aimed at addressing child poverty?

6. Do you consider that any of the initiatives your Department undertakes impact -- directly or

indirectly -- on child poverty? How?

7. Can you refer me to any published reports which would provide information on your Department or government's initiatives to address child poverty?

8. Is your Department part of any provincial interdepartmental or intersectoral working groups on child poverty?

9. Who in your provincial government has been given the lead role on the National Child Benefit Working Group or the National Agenda for Children?

10. Is there any one else your would suggest that I talk with?

Most chose to have the questions faxed to them, primarily because they were unsure if they were the most appropriate person to respond and wanted to discuss some aspects of the questions with co-workers. Some respondents addressed to the questions by phone, others offered written responses.

In all, 33 people were contacted: 8 in Newfoundland; 9 in Nova Scotia; 7 in Prince Edward Island; and 9 in New Brunswick. In addition, 6 people were contacted in an effort to locate information about out-of-the-mainstream youth. In general, the results of this survey were uneven, largely because of lack of congruence between the way in which the questions were worded and the way in which the provinces were addressing the issue of child poverty. As it turned out, all provinces were aware of child poverty as an issue and most departments contacted were taking steps to deal with it in some way, either directly or indirectly. However, because these initiatives were not labelled as "child poverty initiatives," there was some confusion about exactly what information was being sought. Several contacts referred us on to other people. In some instances, several people conferred and agreed that one would respond. In some cases no formal response was forthcoming within the timeframe of this report.

For the most part, the information provided by these provincial contacts was analytical and described policy directions. It proved to be neither possible nor appropriate to organize it relative to age or racial and ethnic status.

Limitations of the Methodology

The principal factors limiting the results of this profile were the limitations inherent in the amount, quality and availability of the existing work in the area of child poverty. Because we were working from existing information, we dealt with imperfect data sets from a variety of sources.

The information available was collected by different agencies, for different purposes, using different methodologies and was based on different assumptions, all of which limit our ability to construct a comprehensive and coherent profile of child poverty.

Other limitations are both the availability of contacts with provincial governments -- as it turned out, several were away during parts of our survey and could not be contacted -- and their willingness and ability of address the issues we are raising. The organization and structure of government bureaucracies may limit contacts' access to information and/or the actual existence

of information -- that is, if a specific Department has not directly addressed child poverty, there may be no specific information for a contact to offer us.

Attachment 2: Questions for Child Poverty Environmental Scan

Dated: November 19, 1997

1. Name & Address
Name of Informant
Position
Organization
Full mailing address
Phone Fax E-mail. Website
Date of Interview

2. Name of Organization
What is the name of the organization that this initiative is a part of?
What is the stated mission of this organization?

3. Name of Initiative
Tell me about a program, policy, or research initiative that addresses child poverty. In this case, we're talking about children from 0-18 but this may include people older than 18 if the young person is a dependent (i.e. in school, disabled, or chronically unemployed.)

Name of Initiative:

Type of Initiative:
☐ Program ☐ Policy ☐ Research project or paper

4. Initiative's Goals
What are the stated goals of the initiative (program or policy). [*For completed a research project, we want key findings as they relate to child poverty, i.e. what was learned. If research is in progress and there are no findings, then what are the research objectives?]*

5. Target Age
4. What age group did/does this initiative target?
☐ 0 - 6 years
☐ 7 - 12 years
☐ 13 - 18 years
☐ other _____

Please describe the people served by this program: (This is a place to write in a few notes about the target population of initiative including whether the initiative deals with child poverty directly or indirectly.

6. Duration
How long is the total expected duration of this initiative (time from now).
☐ six months or less. (An initiative that is almost completed.)
☐ six months to two years
☐ 2 - 5 years
☐ more than five years or on-going. (A core program.)

7. Determinants

We also want to learn how your program also addresses the health of children because poverty affects children's health. Given that many other things also affect a child's health, which of the following health determinants listed below does your (program, policy, research) address?

I have a list of factors that I'll read. If the program (policy, research) addresses this factor (directly or indirectly), just say yes or no. If yes, could you describe how? Or, ...Could you describe the linkage between these factors and the aspects of your program that address child poverty?

- ☐ Income and Social Status — i.e. financial resources for basic needs (food, shelter, clothing), poverty

Has this (initiative) changed the income or social status of the target group?

- ☐ Social Support Networks — i.e. Support from family, friends, neighbourhood, community

Has this (initiative) changed...?

- ☐ Education — i.e. level of education, opportunity for training, learning a trade, access to skill exchange, high school dropout
- ☐ Employment/ Working Conditions — i.e. access to jobs, advancement opportunities, work conditions (stress, downsizing), availability of suitable work for a person
- ☐ Social Environments — i.e. values, norms, social stability, able to participate, support, community safety/crime
- ☐ Physical Environments — i.e. Clean air, water, housing, workplace safety, roads, infrastructure
- ☐ Personal Health Practices & Coping Skills — i.e. health choices and healthy coping, lifestyle choices, healthy active living
- ☐ Healthy Child Development — i.e. post natal development, physical, social, emotional, intellectual stimulation, child well-being, abuse
- ☐ Biology and Genetic Endowment — i.e. pre-natal development, heredity
- ☐ Health services — i.e. prevent disease, maintain, restore optimal
- ☐ Gender — i.e. special circumstances/ experiences/barriers from being female or male
- ☐ Culture — i.e. experiences due to race,, health status, services accessibility, marginal life status

8. Minority

Do ☐ Aboriginal, ☐ Black, or ☐ children from a visible minority participate in this program? or (Does this research/policy address the special needs of ☐ Aboriginal, ☐ Black, or ☐ children from a visible minority?)
Could you explain a little more?

We want to make this environmental scan is as complete as possible. Who else should we talk to? Could you recommend anyone else involved in child poverty initiatives? Either directly or indirectly? In their professional or volunteer work lives?
Name, Organization, and Coordinates

9. Approaches

Health promotion encompasses a variety of approaches to supporting community action for health. Which approach(es) does your program or project focus on? Please check top three.

- ☐ cultural awareness
- ☐ economic development
- ☐ education
- ☐ general community development
- ☐ organizational development
- ☐ research
- ☐ self-help
- ☐ social support
- ☐ Other, specify:

10. CHPNA Target Population

What is the primary target population for your program or project? Please check as many as apply.

- ☐ entire geographic community
- ☐ children or youth
- ☐ adults
- ☐ women
- ☐ seniors
- ☐ families

Other, specify _____

11. CHPNA Issues

What issue(s) does your program or project address? Please check top three.

- ☐ issues not yet defined
- ☐ chronic disease
- ☐ cultural issues or racism
- ☐ environment (natural)
- ☐ health planning or reform
- ☐ heart health
- ☐ housing
- ☐ sexually transmitted disease
- ☐ literacy
- ☐ mental health
- ☐ nutrition
- ☐ poverty
- ☐ physical abuse
- ☐ sexual abuse
- ☐ substance abuse
- ☐ unemployment
- ☐ Other, specify: _____

ATTACHMENT 3: Provincial Organization/Initiative Summaries

- 3A: Newfoundland
- 3B: New Brunswick
- 3C: Nova Scotia
- 3D: Prince Edward Island

3A: NEWFOUNDLAND Organization / Initiative Summary

Number of Records: 38
Number of Completed Records: 37

Categories of Initiatives	Num. of Initiatives per Category	Organization Key
Nature of Initiative:		
•Program	34	2,3,4,5,6,7,9,10,11,12,13,15,16,17,18,19,20,21,22, 23,24,25,26,27,29,30,31,32,34,35,36,37
•Policy	5	1,5,8,10,28
•Research Project or Paper	8	1,5,10,11,14,19,24,37
Primary Target Population:		
•Entire Geographic Community	11	4,5,6,8,9,19,20,23,26,27,36
•Children or Youth	22	2,6,11,12,13,14,15,16,17,18,21,22,25,27,29,30,31, 32,33,34,35,37
•Adults	7	10,11,12,13,17,25,32
•Women	3	11,22,32
•Seniors	----	----
•Families	8	10,12,13,14,15,17,18,25
Other: •Tenants in public housing •Innu Nation •Aboriginal Community	 •1 •2 •1	 •4 •19,20 •23
Age of Target Group:		
•0-6	17	1,4,7,9,11,12,13,14,15,16,17,20,23,25,26,29,34
•7-12	14	7,9,11,13,14,16,20,23,25,26,29,30,31,37
•13-18	14	6,7,9,14,16,20,21,23,25,26,29,30,33,37
Other : •All Ages •Abused women and children •3-4 •5-18 •6-11 •6-16 •12-16 •14-21 •16-21 •16 and up	 •13 •1 •1 •1 •1 •1 •2 •1 •1 •1	 •4,5,7,8,9,10,14,19,20,24,26,28,32 •22 •34 •24 •36 •2 •33,37 •6 •35 •2
Primarily or exclusively addresses the needs of a Special Group?		
•Aboriginal	4	19,20,23,26

•Black	---	----
•Visible Minority	----	----
Duration (time from Dec 1997):		
•6 months or less	----	----
•6 months -2 years	2	11,32
•2-5 years	4	7,13,20,30
•More than 5 years or on-going	26	1,2,3,5,6,8,9,12,15,16,17,18,19,21,22,23,25,26,27, 28,29,31,33,35,36,37
Health Determinants Addressed:		
•Income and Social Status	30	1,4,5,6,7,8,9,10,11,13,14,15,16,17,18,19,20,22,25, 26,27,28,29,30,31,32,33,35,36,37
•Social Support networks	29	1,2,3,4,5,6,7,9,10,12,13,14,15,16,17,18,19,20,21, 22,23,25,26,27,29,30,32,33,34,35
•Education	27	1,2,3,5,6,7,8,10,11,14,15,16,17,21,23,24,25,26,27, 29,30,32,33,34,35,36,37
•Employment/Working Conditions	22	3,4,5,6,7,8,10,15,16,19,20,22,24,25,27,28,31,33,35,3 6,37
•Social Environments	26	1,2,3,4,6,7,9,10,11,12,13,14,15,16,18,20,23,24,25, 27,29,30,31,32,33,34
•Physical Environments	8	4,7,15,19,20,23,26,31
•Pers. Health Pract./Coping Skills	33	1,2,4,5,6,7,9,10,11,12,13,14,15,16,17,18,20,21,22,23 ,24,25,26,27,29,30,31,32,33,34,35,36,37
•Healthy Child Development	24	1,4,7,9,11,12,13,14,15,16,17,18,19,20,22,23,24,25, 26,29,31,32,34,36
•Biology and Genetic Endowment	12	2,4,7,13,15,18,19,22,23,25,31,36
•Health Services	9	4,5,10,13,15,20,23,25,26
•Gender	16	1,2,5,7,10,11,14,15,18,21,22,23,27,31,35,36
•Culture	12	5,7,10,11,15,18,19,20,22,23,24,31
Approaches:		
•Cultural Awareness	4	19,20,23,26
•Economic Development	2	8,10
•Education	17	4,7,8,10,12,13,14,15,22,23,27,29,30,34,35,36,37
•General Community Development	12	7,8,9,14,16,18,19,20,21,25,30
•Organizational Development	----	----
•Research	3	5,10,14
•Self-Help	23	4,5,11,12,13,14,15,16,17,18,20,21,22,25,26,27,28, 29,32,33,35,36,37

•Social Support	32	2,4,5,6,7,9,11,12,13,14,15,16,17,18,19,20,21,22,23,25,26,27,28,29,30,31,32,33,34,35,36,37
•Other	----	----

Organization Key

1. Association of Early Childhood Educators, St. John's
2. Big Brothers/Big Sisters of Canada, St. John's
3. Brother T.I. Murphy Centre (Independent accredited school; Literacy and life skills), St. John's
4. Buchmaster's Circle Community Centre (Various parent/child programs; Breakfast program), St. John's
5. Canadian Mental Health Asocition/Newfoundland (Coalition for Families; Speaking for Ourselves), St. John's
6. Choices for Youth, Government of Newfoundland, St. John's
7. Community Action Initiatives (Community Centre; Brighter Futures; Healthy Baby Club), Corner Brook
8. Community Alliance for Better Solutions (Coalition advocating for the disadvantaged), St. John's
9. Community Food Sharing Association (Collection and distribution of food), St. John's
10. Community Service Council (Adult basic eduation), St. John's
11. CUPW Child Initiative Program (Various parent-child programs), St. John's
12. Daybreak Parent/Child Centre (Program for Early Parent Support/PEPS), St. John's
13. Daybreak Parent/Child Centre (Parent support group; Healthy baby club; Nobody's Perfect), St. John's
14. Faculty of Education, MUN (Various research papers and projects), St. John's
15. Fortune Bay North Family Resource Centre (Various parent/preschooler programs), Belloram
16. Froude Avenue Community Centre (Breakfast program), St. John's
17. George Street Family Play Group (Drop in fre play), St. John's
18. Health Canada, Health promotion and Program Branch (CAPC; CPNP), St. John's
19. Innu Nation (Employment initiatives; School lunch program; Prenatal program), North West River, Labrador
20. Innu Nation Band Council (Various programs), Sheshatshit
21. International Allied Youth (Leadership training; peer eduation), St. John's
22. Iris Kirby House (Shelter for abused women and their children), St. John's
23. Labrador Innuit Health Commission (Varous parenting, child development and nutrition programs), North West River
24. Literacy Development Council (Various initiatives; National Literacy Data Base), Grand Falls/Windsor
25. McMorrin Community Centre (Various parent/child and family initiatives; Help with homework; Garden), St. John's
26. National Association of Friendship Centres, St. John's
27. National Boys and Girls Clubs of Canada (Social/Recreation programs; Job readiness; Tutoring), St. John's
28. Parish of Pius X (Outreach House; Food and clothing bank; Advocacy for the poor), St. John's
29. Rabbittown Community Centre (Various after-school, educational and recreational programs), St. John's
30. School Children's Food Foundation (School food programs), St. John's
31. School Lunch Association, Inc. (School lunch programs), St. John's
32. Single Parent's Association (Food and clothing bank; Community kitchens; Not-for-profit housing), St. John's
33. The Saint Francis Foundation (Group home; emergency placement; Treatment for adolescent sex offenders; Alternative living arrangements), St. John's
34. St. John Bosco Preschool Co-Op (Brighter Futures/CAPC programs), St. John's
35. Stella Burry Corporation (Shelter and short term residence for young homeless women), St. John's
36. YM/YWCA of Canada (Breakfast for Santa; Youth drop-in), St. John's
37. YM/YWCA of St. John's (Youth empowerment; Teen business), St. John's

Organizations Included in Data Base with Uncompleted Survey

- Women's Policy Office, St. John's

Annexe 3B : NOUVEAU-BRUNSWICK Résumé organisme / initiative

(English file corrupted: french file inserted in its place)
Nombre d'entrées : 17
Nombre d'entrées complétées : 16

Catégories d'initiatives	**N^bre^ d'initiatives par catégorie**	**Numéro assigné à l'organisme**
Nature de l'initiative :		
•Programme	11	1,2,3,4,5,7,8,9,10,11,12,13,14,15,16
•Politique	2	11,14
•Projet ou document de recherche	1	14
Population cible principale :		
•Communauté géographique entière	5	5,6,7,10,14
•Enfants ou jeunes	10	2,6,7,8,9,10,12,13,14,15
•Adultes	6	6,7,10,11,12,15
•Femmes	6	2,8,11,12,14,15
•Aînés	----	----
•Familles	3	2,8,13
Autre :	----	----
Âge du groupe cible :		
•0-6	5	2,3,6,9,14
•7-12	3	1,13,14
•13-18	4	1,7,13,14
•Autre : -15-24 -Tous les âges	 •1 •9	 •16 •3,4,5,8,9,10,11,12,15
Se penchent principalement ou uniquement sur les besoins d'un groupe particulier?		
•Autochtones	1	3
•Noirs		
•Minorité visible		
Durée (à partir de décembre 1997):		
•6 mois ou moins	----	----
•6 mois -2 ans	2	9,14
•2-5 ans	2	2,16
•Plus de 5 ans ou en permanence	12	1,3,4,5,6,7,8,10,11,13,15
Facteurs déterminants de la santé traités :		

•Revenu et statut social	13	1,2,4,5,6,7,9,10,11,12,14,15,16
•Réseaux de soutien social	14	1,2,3,4,6,7,8,9,10,11,12,13,14,15
•Éducation	14	1,2,3,4,7,8,9,10,11,12,13,14,15,16
•Emploi/conditions de travail	10	1,2,3,4,10,11,12,13,15,16
•Environnement social	14	1,2,3,4,5,6,8,9,11,12,13,14,15,16
•Environnement physique	8	2,4,6,9,10,11,12,15
•Habitudes d'hygiène personnelle/habileté d'adaptation	14	2,3,4,5,6,7,8,9,10,11,12,13,14,16
•Développement sain de l'enfant	12	2,3,4,6,7,9,10,11,12,13,14,16
•Antécédents biologiques et génétiques	5	2,4,6,9,14
•Services de santé	9	2,3,4,6,8,9,11,14,15
•Sexe	8	1,4,7,8,11,12,13,14
•Culture	4	3,4,11,16
Approches:		
•Sensibilisation à la culture	----	----
•Développement économique	3	10,11,14,15
•Éducation	7	2,8,9,10,11,13,15
•Développement communautaire général	6	2,5,6,7,12,14
•Développement organisationnel	----	----
•Recherche	----	----
•Initiative personnelle	11	2,5,6,7,8,9,11,12,13,14,15
•Soutien social	9	2,5,6,7,8,9,10,13,15
Autre :	----	----

Numéros assignés à l'organisme

1. Atlantic Cooperative Development Agency, Moncton
2. Bathurst Healthy Community Network, Bathurst
3. Big Cove Headstart Program, Big Cove
4. Centre de Bénévolat de la Péninsule Acadienne, Inc., Caraquet
5. Community Health Centre, Saint John (club d'achats d'aliments)
6. Early Childhood Stimulation, Inc./Stimulation à l'enfance inc., Moncton
7. Services familiaux et communautaires du Nouveau-Brunswick, Moncton
8. Family Resource Centre (Saint John) Inc., Saint John
9. Le Cercle Familial Miramichi (cuisine collective)
10. Moncton Headstart, Moncton
11. Monquarters At Work (M.A.W.), Mouth of Keswick
12. Ministère des Municipalités, de la Culture et de l'Habitation du N.-B., Bathurst (programme de participation de la communauté
13. Ministère des Municipalités, de la Culture et de l'Habitation du N.-B., Moncton (partenariat avec l'Université de Moncton

14. Partnership in Child Nutrition, Bathurst
15. Romero House Soup Kitchen, Saint John
16. Distric scolaire 15, Bathurst

Organismes inclus dans la base de données, mais qui n'ont pas terminé l'enquête
A. Monquarters at Work (diverses informations consignées)

Attachment 3C: NOVA SCOTIA Organization / Initiative Summary

Number of Records: 48
Number of Completed Records: 20

Categories of Initiatives	Num. of Initiatives per Category	Organization Key
Nature of Initiative:		
•Program	16	1,2,3,4,5,7,8,10,11,12,13,14,15,17,18,20
•Policy	7	2,6,7,11,14,16,19
•Research Project or Paper	3	2,8,11
Primary Target Population:		
•Entire Geographic Community	2	6,13
•Children or Youth	9	1,3,4,5,8,9,12,15,18
•Adults	----	----
•Women	3	1,2,9
•Seniors	1	2
•Families	6	2,3,5,9,12,15
Other: •People in Poverty •Victims of Family Violence •Youth 16-24 •Aboriginal Community	 •2 •1 •1 •1	 •2,11 •13 •10 •15
Age of Target Group:		
•0-6	8	3,5,9,12,13,15,18,20
•7-12	6	4,5,9,13,17,18
•13-18	3	9,13,17
Other: •All Ages •Women and Children •Parents •Grades 1-3 •16-24	 •6 •2 •4 •1 •1	 •2,3,6,7,11,14 •1,19 •9,12,13,16 •8 •10
Primarily or exclusively addresses the needs of a Special Group?		
•Aboriginal	3	12,15,16
•Black	2	14,16
•Visible Minority	----	----
Duration (time from Dec 1997):		
•6 months or less	----	----
•6 months -2 years	----	----
•2-5 years	1	15
•More than 5 years or on-going	14	1,2,3,4,5,6,9,10,11,12,14,16,18,20

Health Determinants Addressed:		
•Income and Social Status	10	5,9,10,11,12,13,15,16,19,20
•Social Support networks	11	3,4,5,9,10,11,12,15,16,19,20
•Education	12	3,5,9,10,11,12,13,15,16,17,18,19
•Employment/Working Conditions	8	3,5,9,10,11,12,13,19
•Social Environments	8	3,5,9,12,13,15,16,19
•Physical Environments	5	5,9,12,13,15
•Pers. Health Pract./Coping Skills	8	3,5,11,12,13,16,18,19
•Healthy Child Development	10	3,5,9,10,11,12,13,15,18,20
•Biology and Genetic Endowment	1	13
•Health Services	6	5,9,10,12,13,15
•Gender	8	3,5,9,10,12,13,16,19
•Culture	7	5,10,12,13,15,16,19
Approaches:		
•Cultural Awareness	2	12,15
•Economic Development	----	----
•Education	9	2,5,6,9,11,12,13,15,18
•General Community Development	4	2,3,6,10
•Organizational Development	----	----
•Research	1	8
•Self-Help	9	1,2,3,9,10,11,13,15,18
•Social Support	9	1,3,5,9,10,11,12,13,18
Other: •Advocacy	•1	•6

Organization Key

1. Adsum House (Shelter for Homeless Women and their Children), Halifax
2. Anti-Poverty Network, Halifax
3. Bayers Westwood Community Resource Center (Collective Kitchen), Halifax
4. Canadian Living Foundation (Breakfast for Learning), Halifax
5. Childcare Advocacy Association of Nova Scotia, Halifax
6. Community Advocates Network, Dartmouth
7. Dalhousie Legal Aid, Halifax
8. Faculty of Health Professions, Dalhousie University (Studies on child feeding programs), Halifax
9. Home of the Guardian Angel (Spryfield Single Parents Center), Halifax
10. Long Term Services for Youth Association (Phoenix House), Halifax
11. Metro Food bank Society (Food distribution and other programs), Dartmouth
12. Mikm'aq Child Development Center, Halifax
13. Naomi Society for Victims of Family Violence, Antigonish
14. National Anti-Poverty Network (NS representative on NAPO Board), East Preston
15. Native Council of Nova Scotia (Child Health Initiative Program), Truro
16. North End Clinic (Campaign 2000), Halifax
17. Nova Scotia Teacher's Union (Informal network of teachers concerned about poverty), Halifax
18. Salvation Army (sydney Community and Family Services), Sydney
19. Second Story Women's Center (Various programs), Bridgewater
20. South shore Family Resource Association (Family Support Center), Bridgewater

Organizations Included in Data Base with Uncompleted Survey

- Annapolis Valley Hants Community Action Programme for Children, Wolfville
- Antigonish Women's Resource Center, Antigonish
- Apple Tree Landing Children's Center, Canning
- Association of Three parent Resource Centres, Halifax
- Building Blocks Family Resource Center, Kennetcook
- Cape Breton Family Resource Center (Inverness County), Port Hood
- Cape Breton Family Resource Center (inverness County), Ingonish Beach
- Cape Breton Family Resource Center (Port Hastings), Port Hastings
- Cape Breton Family Resource Coalition, Sydney
- Child Help Incentive Program, Truro
- Chrysalis House Children's Outreach Program, Kentville
- Dartmouth Family Resource Center, Dartmouth
- Digby County Family Resource Center, Digby
- Every Woman's Center, Sydney
- Kids First, Guysborough
- Kids First, New Glasgow
- Kids First, Antigonish
- LEA Place, Sheet Harbour
- Maggie's Place, Truro
- Memory Lane Family Place, Lower Sackville
- MicMac Benevolent Society, Truro
- North End Parent Resource Center, Halifax
- Parent and Tot Meeting Place, Halifax
- Pictou County Women's Center, New Glasgow
- Queens County Family Resource Center, Liverpool
- Shelburne County Family Resource Center, Shelburne
- South Shore Family Resource Association
- The Women's Place, Lawrencetown

Attachment 3D: ***PRINCE EDWARD ISLAND Organization / Initiative Summary***

Number of Records: 26
Number of Completed Records: 25

Categories of Initiatives	Num. of Initiatives per Category	Organization Key
Nature of Initiative:		
•Program	25	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19, 20, 21,22,23,24,25
•Policy	1	14
•Research Project or Paper	1	20
Primary Target Population:		
•Entire Geographic Community	6	3,4,13,15,16,20
•Children or Youth	16	2,5,7,8,9,10,11,12,14,15,16,17,18,21,23,25
•Adults	5	2,12,15,16,17
•Women •Teen Mothers	•5 •1	•1,2,14,18,21 •8
•Seniors	----	----
•Families	8	1,7,9,10,14,21,22,25
Other: •Mentally impaired •People in poverty •Famiies in poverty	 •1 •2 •1	 •7 •3,15 •22
Age of Target Group:		
•0-6	3	2,9,10
•7-12	5	11,12,19,24,25
•13-18	5	5,7,8,16,24
Other : •All Ages •Women, all ages •Wom and chil experience violence •Parents •Families in poverty •13 and up •13-21 •16-24 •16-29 •18-24	 •6 •1 •2 •1 •1 •1 •1 •1 •1 •2	 •3,4,13,14,15,20 •1 •18,21 •6 •22 •16 •7 •17 •5 •23,24
Primarily or exclusively addresses the needs of a Special Group?		
•Aboriginal	2	11,12
•Black	----	----
•Visible Minority -Intellectually impaired	2	7,13

Duration (time from Dec 1997):		
•6 months or less	2	6,19
•6 months -2 years	----	----
•2-5 years	7	6,7,10,12,20,21,23
•More than 5 years or on-going	13	1,2,3,4,9,13,14,15,16,17,18,22,25
Health Determinants Addressed:		
•Income and Social Status	25	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19, 20, 21,22,23,24,25
•Social Support Networks	24	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19, 20,21,22,23,25
•Education	24	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19, 20, 21,22,23,25
•Employment/Working Conditions	22	1,2,3,4,5,6,7,9,10,11,12,13,14,15,16,17,18,20,21, 23,25
•Social Environments	23	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19, 20, 21,23,25
•Physical Environments	18	1,2,4,5,6,7,8,10,11,13,14,15,16,17,18,20,21,23
•Pers. Health Pract./Coping Skills	24	1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19, 20 , 21,22,23,25
•Healthy Child Development	22	1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20, 21, 22, 25
•Biology and Genetic Endowment	11	2,4,5,6,8,9,10,15,18,20,25
•Health Services	19	1,2,4,5,6,7,8,9,10,11,14,15,16,17,118,19,20,21,22
•Gender	18	1,2,4,5,6,7,8,9,10,13,14,15,16,17,18,20,21,23
•Culture	20	1,2,3,4,5,7,8,9,10,11,12,13,15,16,17,18,20,21,22, 25
Approaches		
•Cultural Awareness	3	11,12,20
•Economic Development	8	1,3,4,5,8,17,21,23
•Education	17	1,2,5,7,8,9,10,11,12,13,15,16,17,18,22,23,25
•General Community Development	4	9,10,11,13
•Organizational Development	----	----
•Research	2	14,16
•Self-Help	8	1,2,4,7,21,22,23,25
•Social Support	19	2,3,4,5,7,8,9,10,12,13,14,15,16,17,18,20,21,22,25
Other •Lobbying •Family Strengthening •Advocacy •Health Care Services	 •1 •1 •1 •1	 •3 •15 •18 •20

Organization Key

1. AWARE: Area Women about Re-entry, Montague
2. CHANCES (Community Action program for Children), Charlottetown
3. Canadian Association of Food Banks (Upper Room Hospitality Ministry), Charlottetown
4. Catholic Family Services Bureau, Charlottetown

5. East Prince Health (East Prince Youth Development Centre), Summerside
6. Eastern Prince Health Authority (Parenting in the Working World), Souris
7. Eastern School District (School Transition Initiative), Charlottetown
8. Guidance Dept, PEI Dept of Education (Teen Moms Education Pilot at Col. Grey High School), Charlottetown
9. Kids West, Inc. (Family Resource Centre), Alberton
10. Lend A Hand Resource Center (CAPC Early Childhood Center), Souris
11. Lennox Island Band (Lennox Island Health Club, Grades 4,5,6), Lennox Island
12. Lennox Island Health Center (Lennox Island Reading Program), Lennox Island
13. PEI Association for Community Living, Charlottetown
14. PEI Chapter, National Association of Women and the Law, Charlottetown
15. Prince County Family Services Bureau (Non-profit Community program), Charlottetown
16. PEI Community Legal Information Association, Charlottetown
17. Project Discovery BOACO (Discovery Alternative Ed; Auto skills; Provincial Program for Litracy), Montague
18. Southern Kings Family Violence Comittee, Montague
19. Southern Kings Health Region (Comprehensive School Health), Montague
20. Evangeline Community Health Center, Wellington
21. Transition House Association (Second Stage House: Next Step), O'Leary
22. West Prince Caring Cupboard, O'Leary
23. West Prince Interagency Council (West Prince Interagency Youth Employment Project), Bloomfield
24. Western Development Corporation (West Prince Opportunity Centres), Alberton
25. Western School Board (Early Intervention Reading Assistance), Slemon Park

Organizations Included in Data Base with Uncompleted Survey
Southern Kings Food Bank, PE